



Suriname

WUENIC 2025 revision,
Published 15 July 2026



WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2025 revision

Every year, WHO and UNICEF jointly review submissions from Member States on national immunization coverage, including annual administrative and official coverage, finalized survey reports and data from both published and grey literature. The data is triangulated with consideration of potential biases and local expert opinions to differentiate between accurately reflective empirical data and potentially misleading data, to assess the most likely coverage levels for each country.

WHO and UNICEF produce country-specific estimates by reviewing each country's data independently, without borrowing from other countries when data are missing. The estimates are not ad hoc adjustments to reported figures and may rely on a single empirical source, typically nationally reported coverage. When no data exist for a specific country-vaccine-year, earlier and later data are interpolated. If sources conflict or vary widely, the most plausible estimate is selected after considering potential biases.

This slide deck presents the latest WUENIC estimates (published 15 July 2026), using UNPD World Population Prospects (WPP 2024) for population-weighted averages and to derive absolute numbers of vaccinated and unvaccinated/zero-dose children.

Methods: • [Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.](#)

- [Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.](#)
- [Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.](#)
- [Danovaro-Holliday et al. 2021. Compliance of WUENIC with Guidelines for Accurate and Transparent Health Estimates Reporting \(GATHER\) criteria.](#)

Definitions of immunization terms

Vaccine coverage

Percentage of infants (children under one year of age) who received certain vaccine-doses. For example, coverage of DTP3 is the percentage of infants who received all three doses of diphtheria, tetanus, and pertussis (DTP) vaccine.

Unvaccinated

An infant that did not receive the first dose of a vaccine series. The term zero-dose is used to describe children unvaccinated with DTP1.

Under-vaccinated

An infant who received some but not all the recommended vaccine-doses in the national schedule.

Vaccine-Doses

- Bacillus Calmette-Guerin (BCG): vaccine against tuberculosis
- Hepatitis B birth dose, given within 24 hours after birth (HepBB)
- Diphtheria, tetanus, and pertussis vaccine, first dose (DTP1) and third dose (DTP3)
- Hepatitis B vaccine, third dose (HepB3)
- Haemophilus influenzae type b vaccine, third dose (Hib3)
- Inactivated polio vaccine, first dose (IPV1) and last dose (IPVC)
- Measles containing vaccine, first dose (MCV1) and second dose (MCV2)
- Rotavirus vaccine, last dose (RotaC)
- Pneumococcal vaccine, last dose (PCVC)
- Yellow Fever vaccine (YFV)
- Meningococcal A vaccine (MengA)
- Human papillomavirus vaccine, first dose (HPV1) and last dose (HPVc): vaccine to protect against certain types of human papillomavirus that can lead to cancer or genital warts

The Immunization Agenda 2030 (IA2030)

The IA2030 is a global strategy endorsed by the World Health Assembly aiming to ensure everyone, everywhere, at every age benefits from vaccines for improved health and well-being by 2030. It focuses on increasing vaccine coverage, equity, sustainability and pandemic preparedness while promoting life-course immunization and integrating immunization with other health services.

Key concepts

- The World Health Organization (WHO) provides global vaccine recommendations, which are adapted by countries based on local needs. Only DTP, polio and measles-containing vaccines are used in all countries.
- DTP1 is a marker of access to routine immunization services, and when not received, serves as a proxy for identifying children who have not received any vaccinations, also known as "zero-dose" children. High DTP1 coverage indicates good access to immunization services, while low coverage suggests challenges in reaching children with essential vaccines.
- DTP3 is a widely used indicator of immunization programme performance. It reflects a country's ability to deliver routine immunization services and ensures children are protected against serious disease. DTP3 is tracked globally and serves as a key measure of a nation's vaccination efforts.
- DTP1-DTP3 drop-out measures the percentage of children who received DTP1 but not DTP3, and highlights where children are lost along the vaccination pathway, highlighting potential weaknesses in service delivery and follow-up.
- MCV1 (usually recommended between 9-12 months) assesses the ability to deliver vaccines later in infancy. It serves as a tracer for protection against measles and is a good indicator of health system performance.
- HPV vaccine protects against specific types of human papilloma virus (HPV), and is used to measure life cycle vaccination.
- Other key indicators include PCVC and MCV2, which are used to monitor the Sustainable Development Goals (SDGs).
- Together, these indicators provide a consistent and comparable way to track immunization progress, identify missed communities and monitor global targets, including those under the Immunization Agenda 2030 (IA2030) and Sustainable Development Goals (SDGs).

Key messages

- DTP1 coverage declined 6 percentage points from 86% in 2024 to 80% in 2025.
- DTP3 coverage remained constant at 80% between 2024 and 2025.
- There were there were approximately the same number of zero-dose children in 2025. This leaves 2,000 children without vaccination, vulnerable to vaccine-preventable diseases and a further <100 with incomplete protection.
- Suriname accounted for 0.2% of zero-dose children in Latin America and the Caribbean (LACR) and <0.1% of zero-dose children globally.
- MCV1 coverage declined 6 percentage points from 73% in 2024 to 67% in 2025. There were 4,000 children who missed out on the first measles vaccination.
- MCV2 coverage remained constant at 52% between 2024 and 2025.
- Last dose coverage of HPV vaccination (HPVc) among girls increased from 13% to 21% in 2025 due to improved programme performance.

Vaccination schedule, 2025

Level	Vaccine	Dose number and age administered				
		4	1	2	3	5
National	DTWP (booster)	18 months				
National	DTWPHIBHEPB		2 months	4 months	6 months	
National	HEPB (pediatric)		Birth			
National	HPV (females and males)		9-13 years			
National	IPV		2 months	4 months		
National	MMR		12 months	18 months		
National	OPV	18 months			6 months	4-5 years
National	YF		12 months			

This table shows the 2025 national immunization schedule for routine services in Suriname, reported through the WHO/UNICEF Joint Reporting Form on Immunization (JRF).

Each row corresponds to a vaccine or combination vaccine, indicating whether it is delivered at the national or subnational level. The schedule outlines the number of doses and the recommended ages for administration. Only childhood and adolescent vaccines relevant to WUENIC are included.

Vaccine introduction years

Vaccine	National introduction	Partial introduction	Risk groups
HPV (Human papillomavirus) vaccine	2013		
HepB birth dose	2003		
Hepatitis B vaccine	2003		
Hib (Haemophilus influenzae type B) vaccine	2005		
IPV (Inactivated polio vaccine)	2015		
IPV (Inactivated polio vaccine) 2nd dose	2022		
Malaria vaccine	Not introduced		
Measles-containing vaccine 2nd dose	2005		
Meningococcal meningitis vaccines (any strain)	Not introduced		2017
Mumps vaccine	1993		
PCV (Pneumococcal conjugate vaccine)	Not introduced		
RSV (Respiratory syncytial virus) immunization strategy	Not introduced		
Rotavirus vaccine	Not introduced		
Rubella vaccine	1993		
Typhoid conjugate vaccine	Not introduced		

This table displays the year each vaccine was introduced in Suriname. If a vaccine has been suspended, no introduction year is shown, but if it was suspended and later reintroduced, the year of reintroduction is provided. The introduction years can reflect nationwide rollout, partial (subnational) rollout, or introduction targeted to specific risk groups or high-risk areas, as indicated in the column headers.

Vaccine stockouts

Vaccines / supplies	2022	2023	2024
DTP-Hib-HepB		National (1m) and subnational	
DTP-containing vaccine	National (1m) and subnational		
HPV		National (11m) and subnational	National (2m) and subnational
Measles-Mumps-Rubella (MMR)		National (1m) and subnational	
OPV	National (1m) and subnational	National (3m) and subnational	
YFV	National (1m) and subnational		

This table presents reported vaccine stockouts of childhood vaccines relevant to WUENIC at the national and subnational levels over the last 5 years (2021 to 2025). Where available, the duration of national-level stockouts is indicated in months. Subnational stockouts are noted without specifying duration. Only vaccines that had a stockout during the specified time period are displayed.

A stockout refers to a period when vaccine storage and distribution points (e.g., national or district stores) are fully depleted, including buffer stock, and are unable to supply vaccines to lower-level stores or facilities. It is important to note that facility-level stockouts can still occur even when upper-level stores have inventory. Stockouts, especially prolonged ones, can negatively impact immunization coverage.

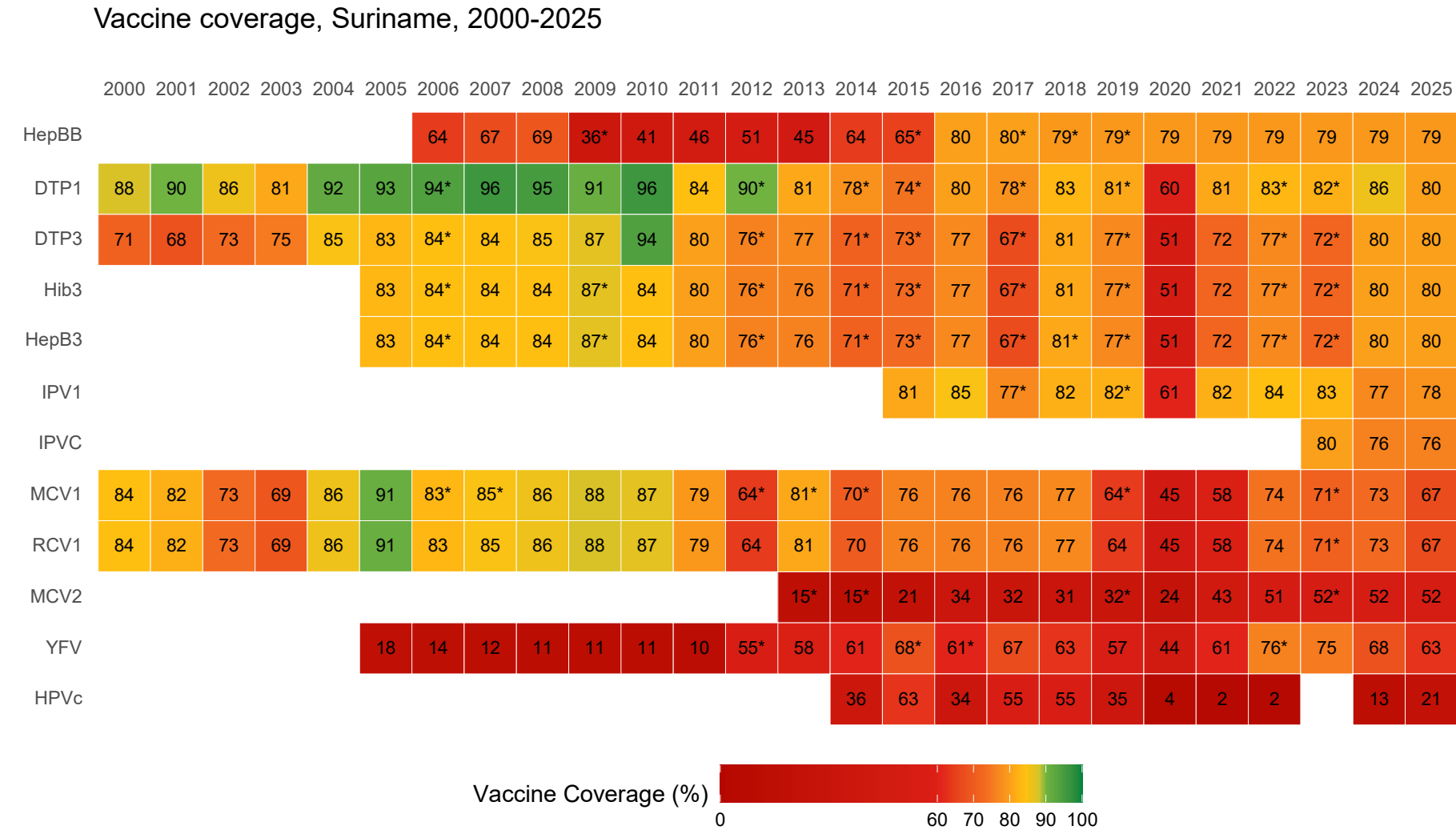
In 2025, coverage increased for two antigens, remained unchanged for six, and declined for four, indicating limited improvement in routine immunization performance; none achieved at least 90% coverage.

This heatmap shows trends in vaccine coverage since 2000, with green cells indicating coverage of 90% or more.

In 2025, none of the 12 vaccines in the schedule achieved coverage of 90% or more. Vaccine coverage ranged from 52% to 80%.

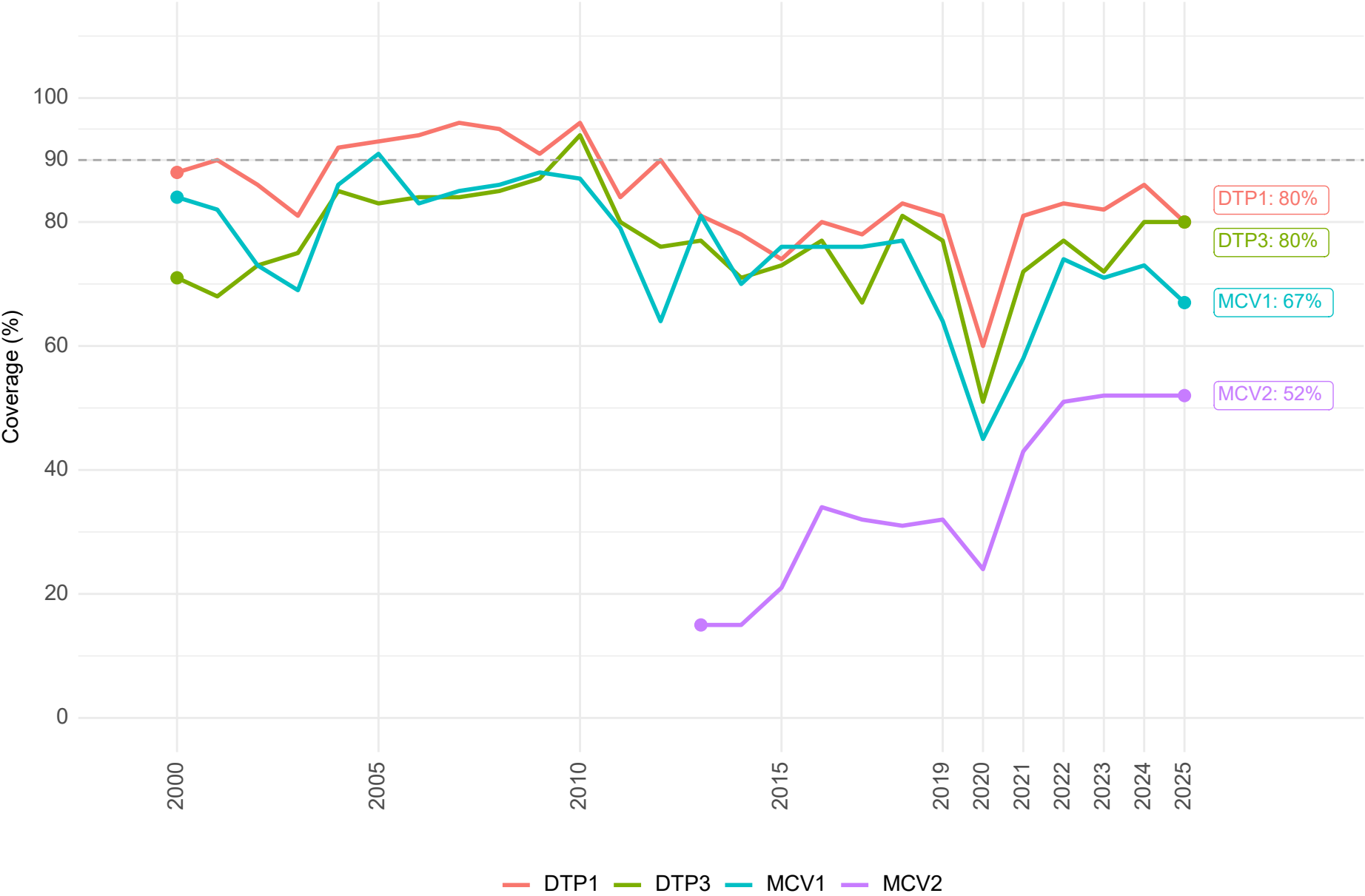
Since 2005, estimates have been made for 8 new vaccines. IPV1 is the newest vaccine reported (2023), which achieved 76% coverage in 2025.

In 2025, Suriname did not report any stockouts of vaccines or supplies.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision.
Note: Stock information available from 2003.
An asterisk (*) indicates where there was a vaccine stockout at the national or subnational level.

Coverage of key childhood vaccines (%), Suriname, 2000-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

This chart shows coverage trends for the DTP and measles vaccines. These are key antigens for assessing national immunization programmes.

In 2025, DTP1 coverage (a proxy for access to immunization services) was 67%.

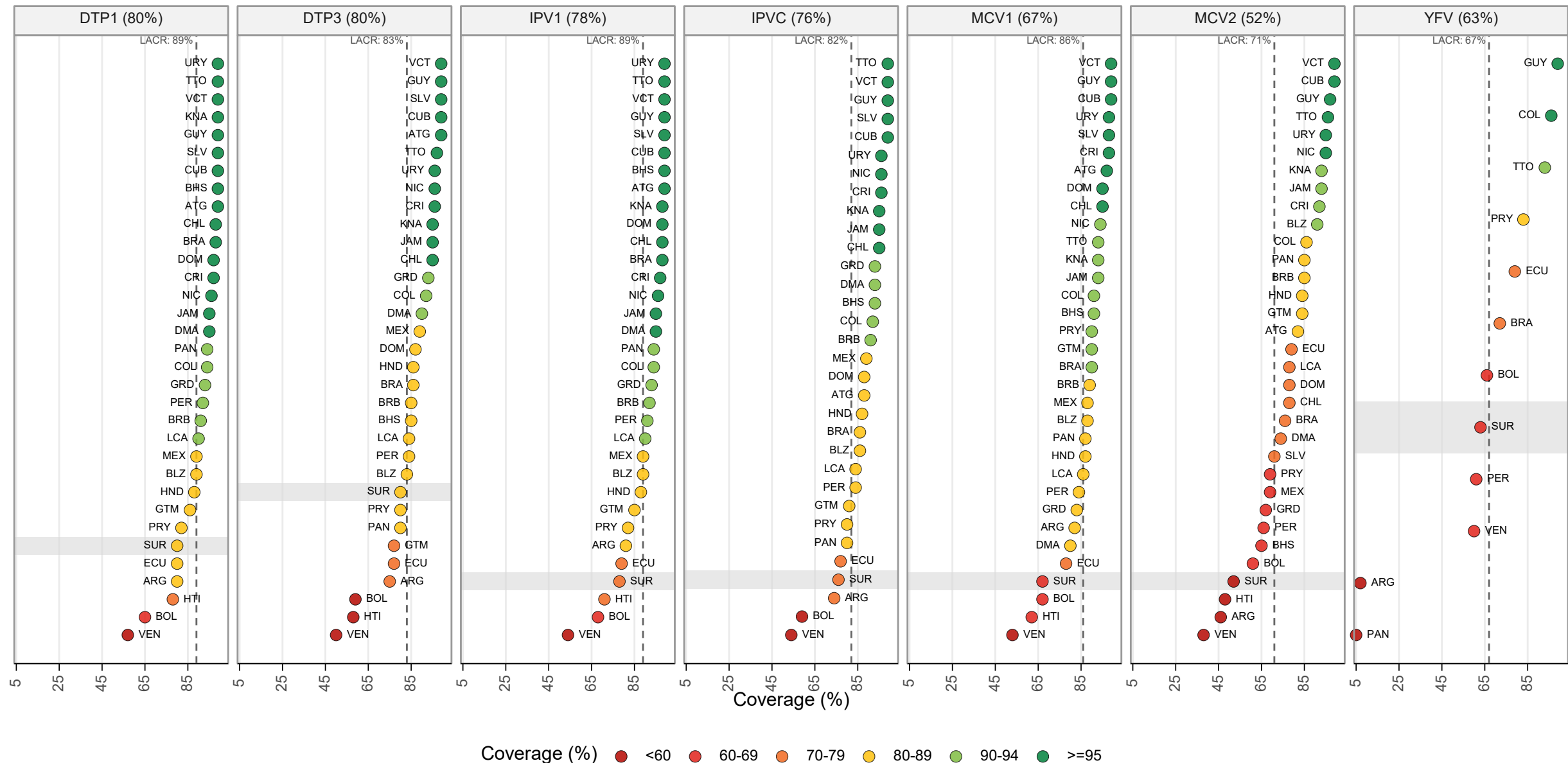
DTP3 coverage - a marker of how well countries are delivering immunization services to children - was below the 90% target set for 2030.

WHO recommends that countries achieve at least 95% coverage with both the first (MCV1) and second (MCV2) doses of measles-containing vaccine. MCV1 provides initial protection and MCV2 ensures long-term immunity and closes gaps in coverage.

In 2025, MCV1 coverage was below the 95% target and MCV2 coverage was below the 95% target.

Between 2024 and 2025, 0 vaccines increased coverage, 2 declined and 2 remained the same.

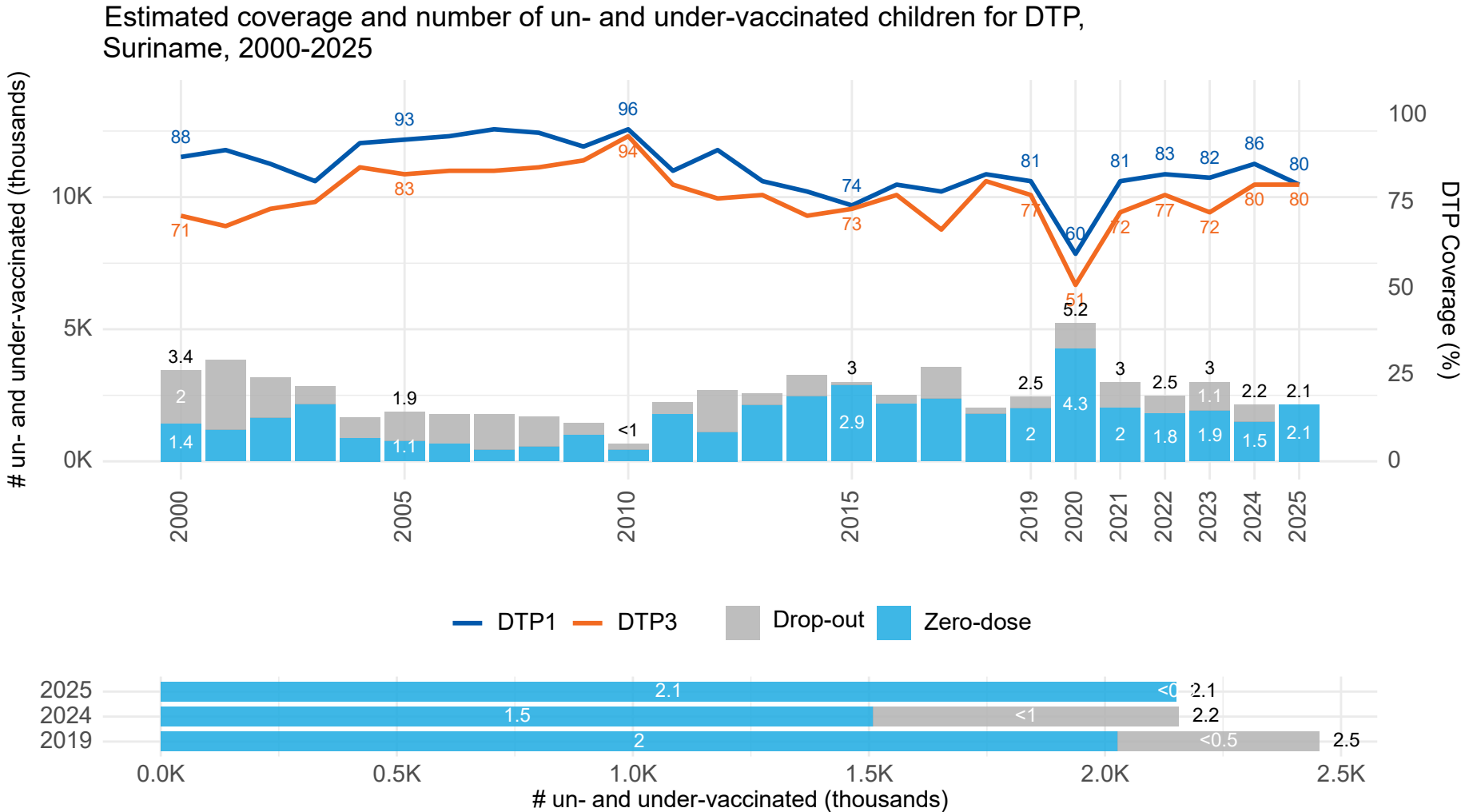
Vaccine coverage compared with other countries in the region, LACR, 2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Country ISO codes displayed. Coverage in sur shown in the headers. Regional average coverage shown by the dashed line.

DTP1

In 2025, DTP1 coverage was 80% and DTP3 was 80%, leaving 2,000 children un- or under-vaccinated, including 2,000 zero-dose and <100 with only partial protection.



The key goal of the Immunization Agenda 2030 is to make vaccination available to everyone, everywhere, by 2030.

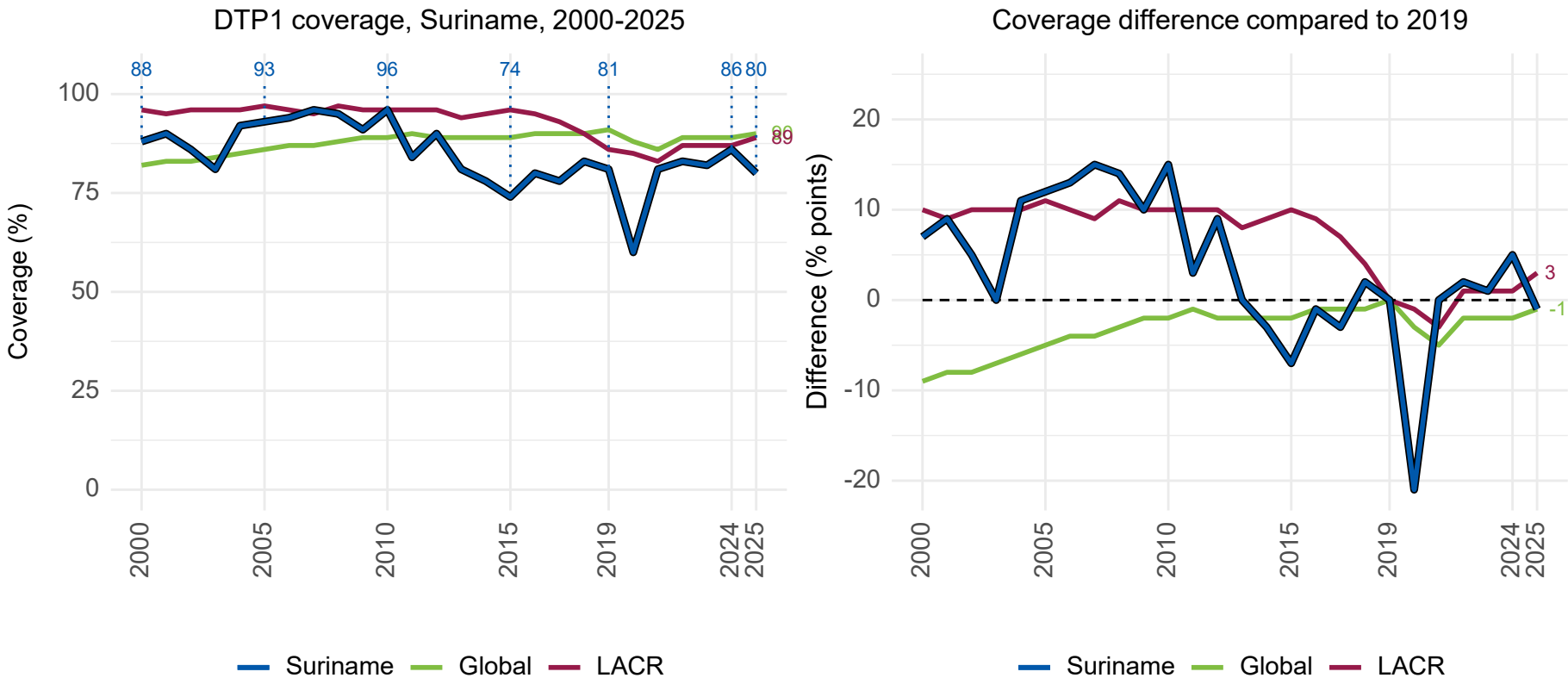
This chart shows diphtheria, tetanus and pertussis-containing vaccine first (DTP1) and third dose (DTP3) coverage trends, the number of zero-dose children and DTP drop-out in Suriname.

In 2025, DTP1 coverage in Suriname declined at 80%. The number of children missing out on any DTP vaccination (zero-dose children) remained constant at from 2,000 in 2024 to 2,000 in 2025.

DTP3 coverage remained constant 80% in 2025, leaving 2,000 children vulnerable to vaccine-preventable diseases.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Lines show vaccine coverage and bars show number of children.
Zero-dose children are those who did not receive DTP1.

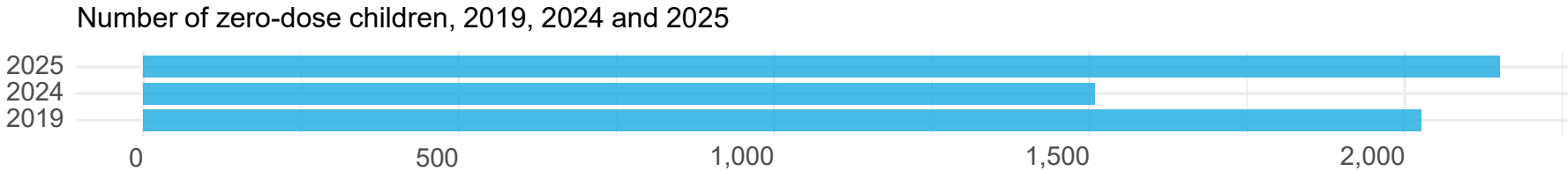
In 2025, Suriname DTP1 coverage was 80% - this is 1 percentage point lower than in 2019 and lower than both the global and regional averages.



In 2025, DTP1 coverage in Suriname (80%) was 10 percentage points lower than the global average (90%) and 9 percentage points lower than the average across all LACR countries (89%).

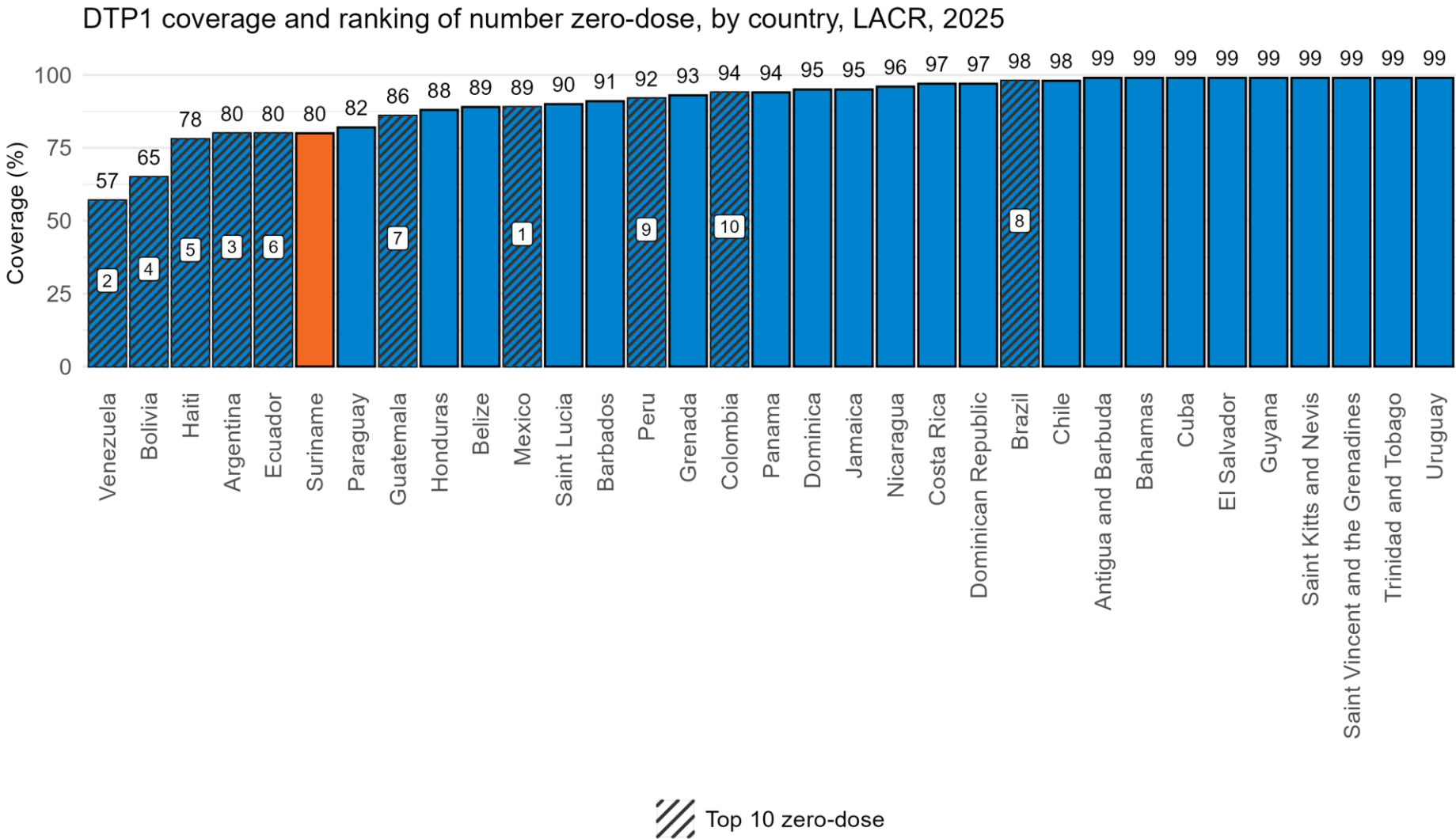
National DTP1 coverage was 1 percentage point lower than in 2019 (81%).

This equates to 2,000 zero-dose children in 2025 - the same number of zero-dose children as in 2019.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019

In 2025, Suriname was among the countries with the highest coverage and was not among the top 10 countries with the highest number of zero-dose children in the region.



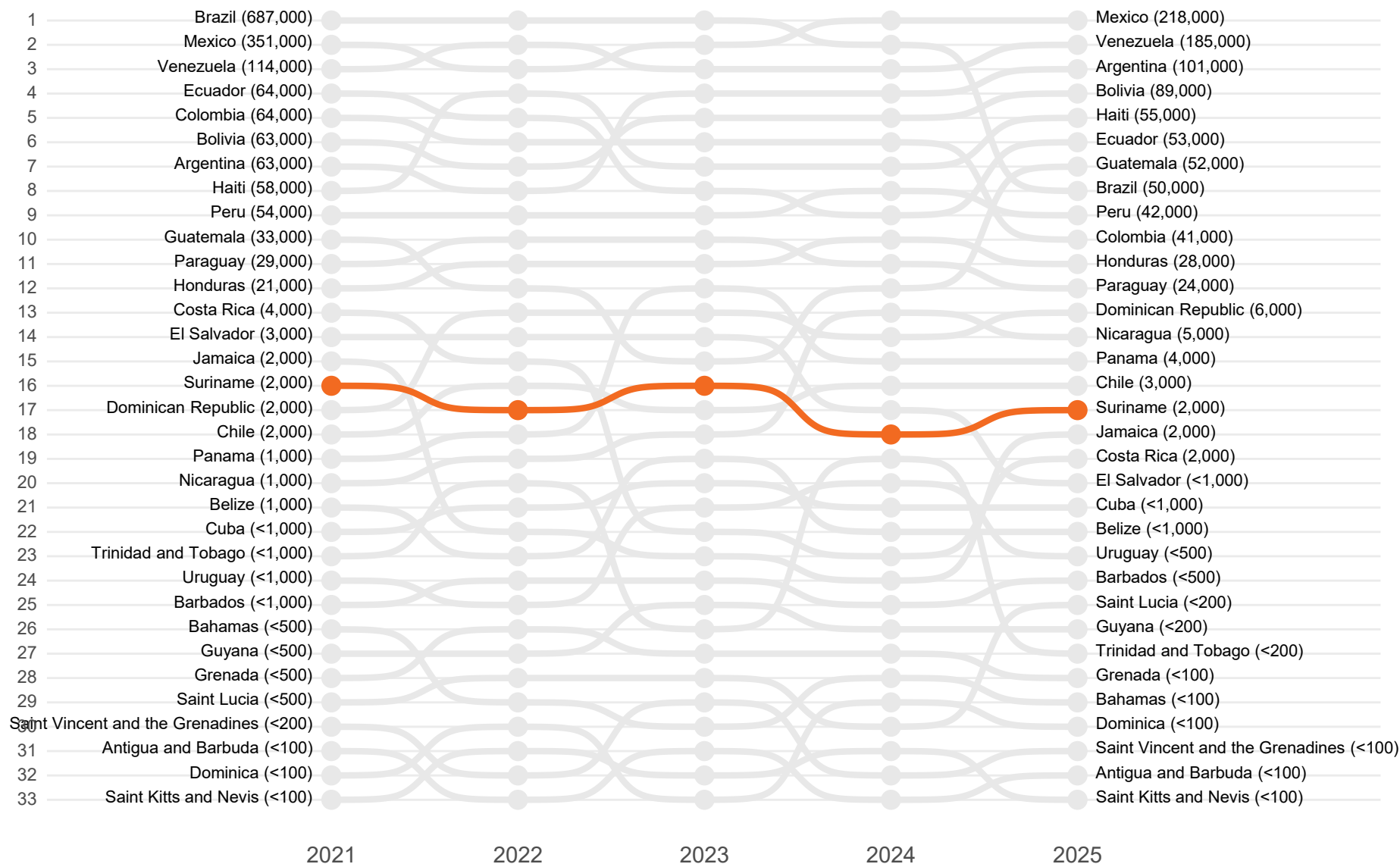
This chart shows DTP1 coverage in countries in LACR from lowest to highest coverage, and the rank of the top 10 countries with the most zero-dose children, based on absolute numbers.

In 2025, Suriname ranked number 4 out of 33 countries for lowest DTP1 coverage (based on tied ranks).

Suriname was not in the top 10 countries with the most zero-dose children.

Note: Large cohort countries may have high numbers of zero-dose children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.

Countries ranked by number of zero-dose children, LACR, 2021-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
 Note: Number in parentheses is the number of zero-dose children.

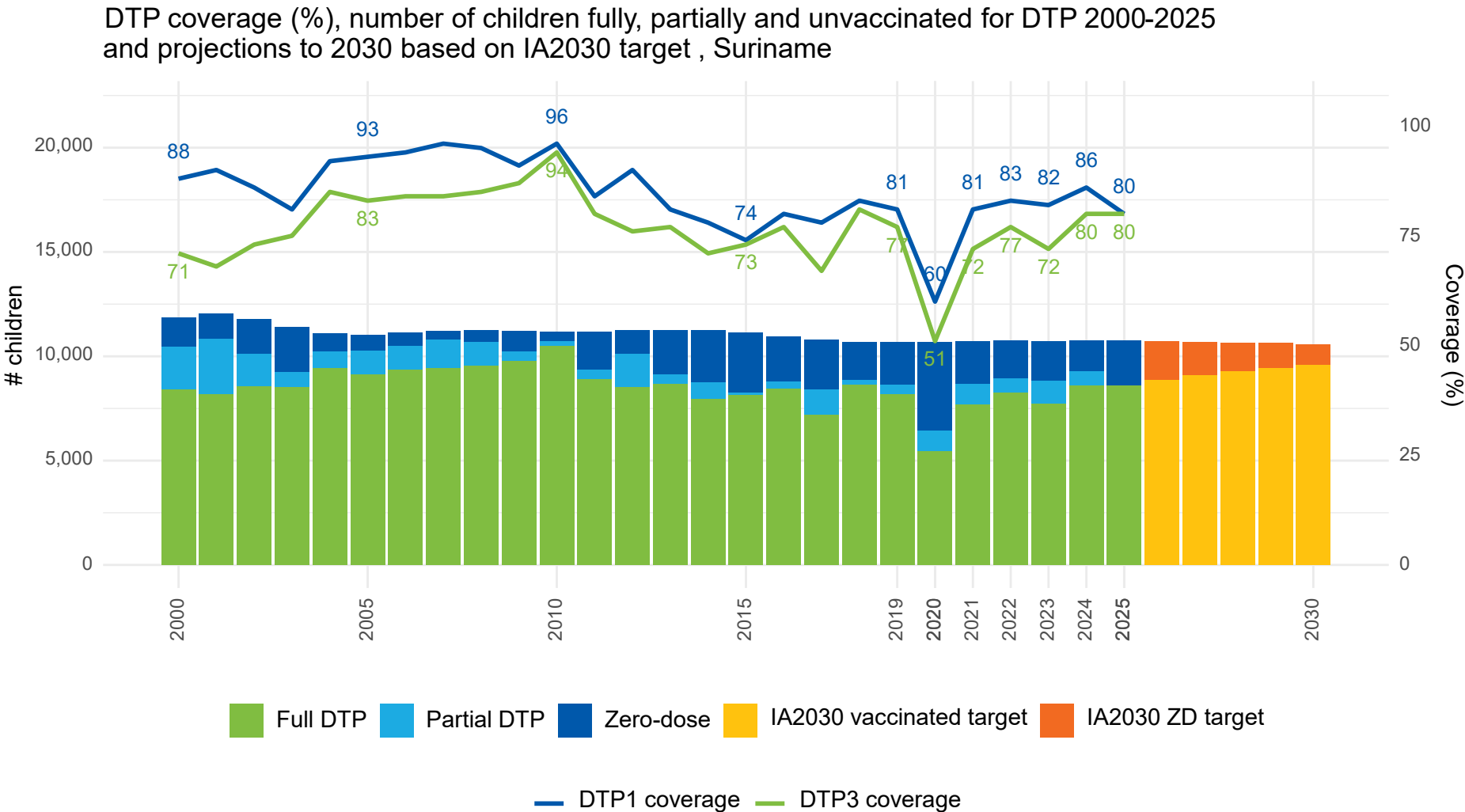
This chart compares the ranking of countries in the region based on the absolute number of zero-dose children, with rank 1 representing the country with the most zero-dose children.

In 2021, Suriname ranked number 16 out of 33 countries with 2,000 zero-dose children.

In 2025, Suriname ranked number 17 out of 33 countries with 2,000 zero-dose children.

Note: Absolute numbers of zero-dose children is based on a combination of programme performance and surviving infant target population size. Countries may climb to a higher rank despite a decline in number of zero-dose children as the ranking also depends on performance of other countries in the region.

More children need to be vaccinated each year to achieve the IA2030 goal of halving the number of zero-dose children by 2030, with a projected decline in surviving infants.



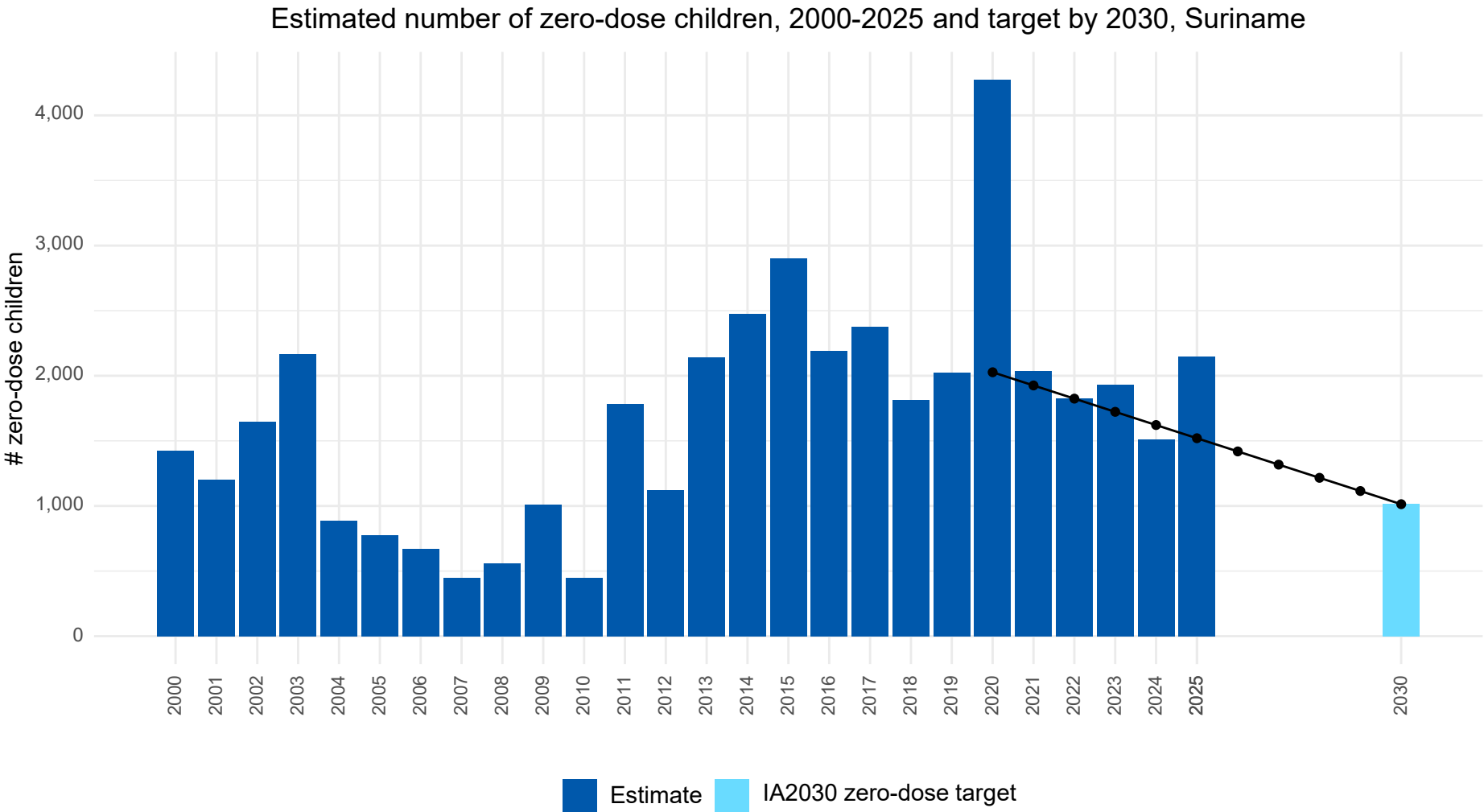
Sources: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision; United Nations, Department of Economic and Social Affairs, Population Division (2024). World Population Prospects 2024, Online Edition. Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero dose children in 2019 by half by 2030.

IA2030 calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. This chart shows the annual number of children required to be vaccinated to reach the ZD target.

IA2030 calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. This chart shows the annual number of children required to be vaccinated to reach the ZD target.

Suriname is projected to have a decline in the number of surviving infants by 2030. To achieve the IA2030 ZD target, more (~2.15%) children need to be vaccinated with DTP1 each year.

In 2025, the number of zero-dose children was 41% above the annual IA2030 goal, putting the 2030 goal at serious risk without accelerated action.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

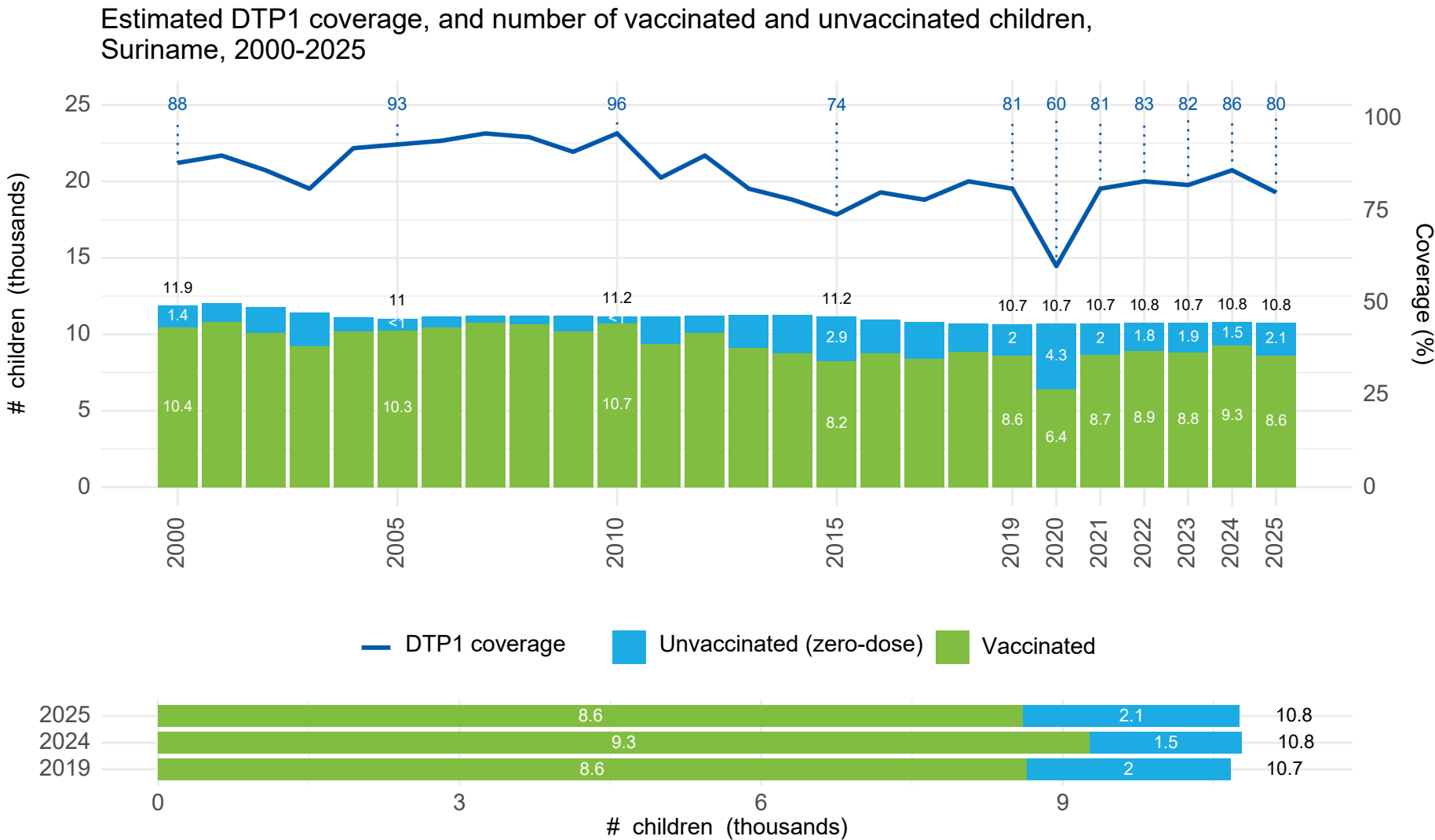
Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. Dark blue bars are the estimated number of zero-dose children in 2000-2025, light blue bar is the target number of zero-dose children by 2030. The line and points show the yearly progress and trajectory to meet the target by 2030, based on a linear decline.

IA2030 aims to leave no one behind with immunization and calls on all countries to reduce the number of zero dose children by half by 2030.

- This chart shows:
- Estimated number of zero-dose children in 2000-2025 (dark blue bars)
 - Zero-dose target by 2030 (light blue bar)
 - Trajectory to reach the 2030 target based on a linear decline (points)

In 2025, the number of zero-dose children was approximately 41% higher than the annual number proposed to reach the target, based on a linear trajectory of decline.

For vaccine coverage to increase, the number of children vaccinated must increase at a faster rate than the population increases.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

DTP1 coverage in 2025 (80%) was relatively constant within 1% compared to 2019 (81%).

The number of children vaccinated with DTP1 remained constant 0% compared to in 2019.

The number of surviving infants increased approximately 1% compared to in 2019.

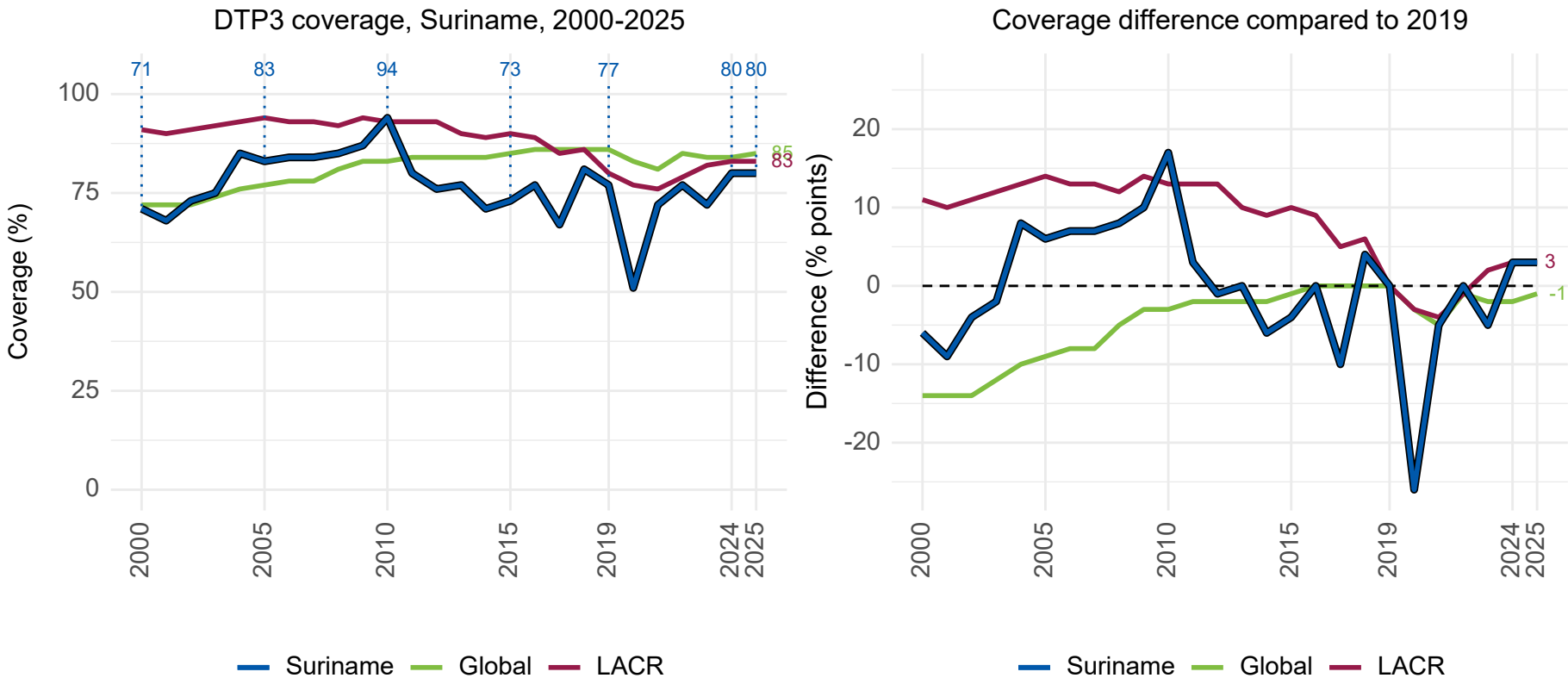
In 2025, approximately the same number of children were vaccinated than in 2019.

In 2025, there were more surviving infants (target population) than in 2019.

For vaccine coverage to increase, the number of children vaccinated must increase at a faster rate than the population increases.

DTP3

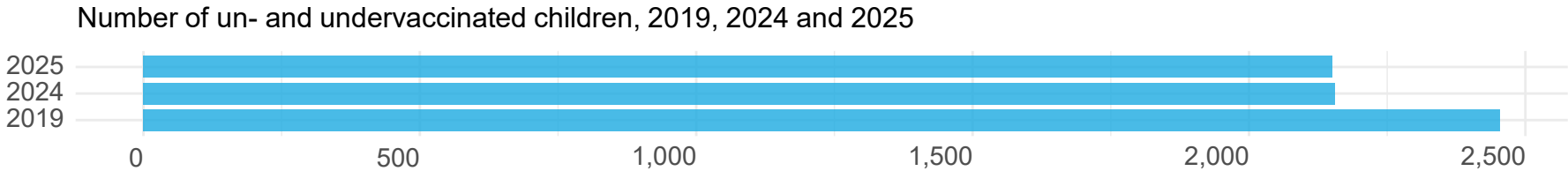
In 2025, Suriname DTP3 coverage was 80% - this is 3 percentage points higher than in 2019 and lower than both the global and regional averages.



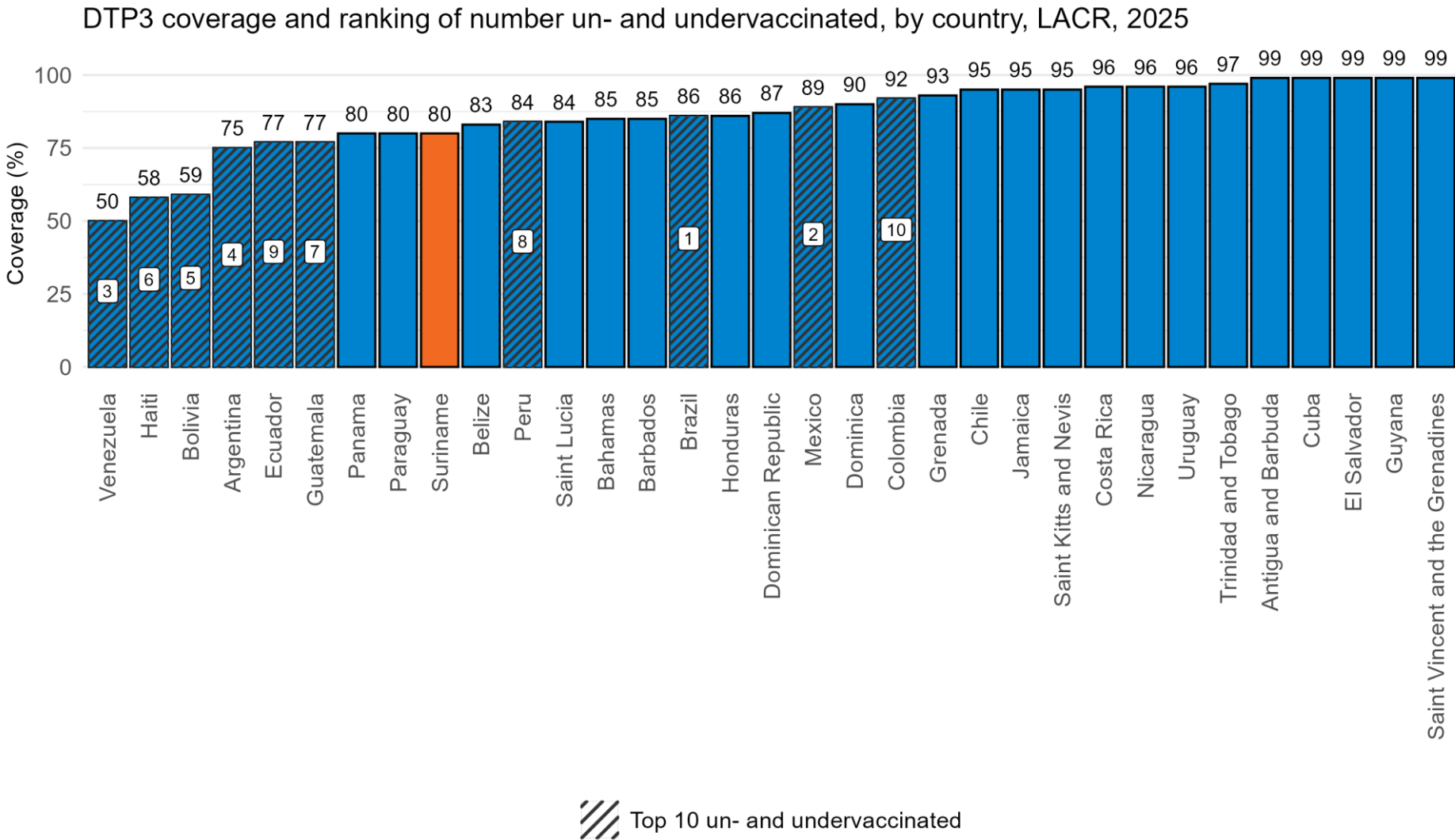
In 2025, DTP3 coverage in Suriname (80%) was 5 percentage points lower than the global average (85%) and 3 percentage points lower than the average across all LACR countries (83%).

National DTP3 coverage was 3 percentage points higher than in 2019 (77%).

This equates to 2,000 un- and undervaccinated children in 2025 - the same number of un- and undervaccinated children as in 2019.



In 2025, Suriname was among the countries with the highest coverage and was not among the top 10 countries with the highest number of un- and undervaccinated children in the region.



This chart shows DTP3 coverage in countries in LACR from lowest to highest coverage, and the rank of the top 10 countries with the most un- and undervaccinated children, based on absolute numbers.

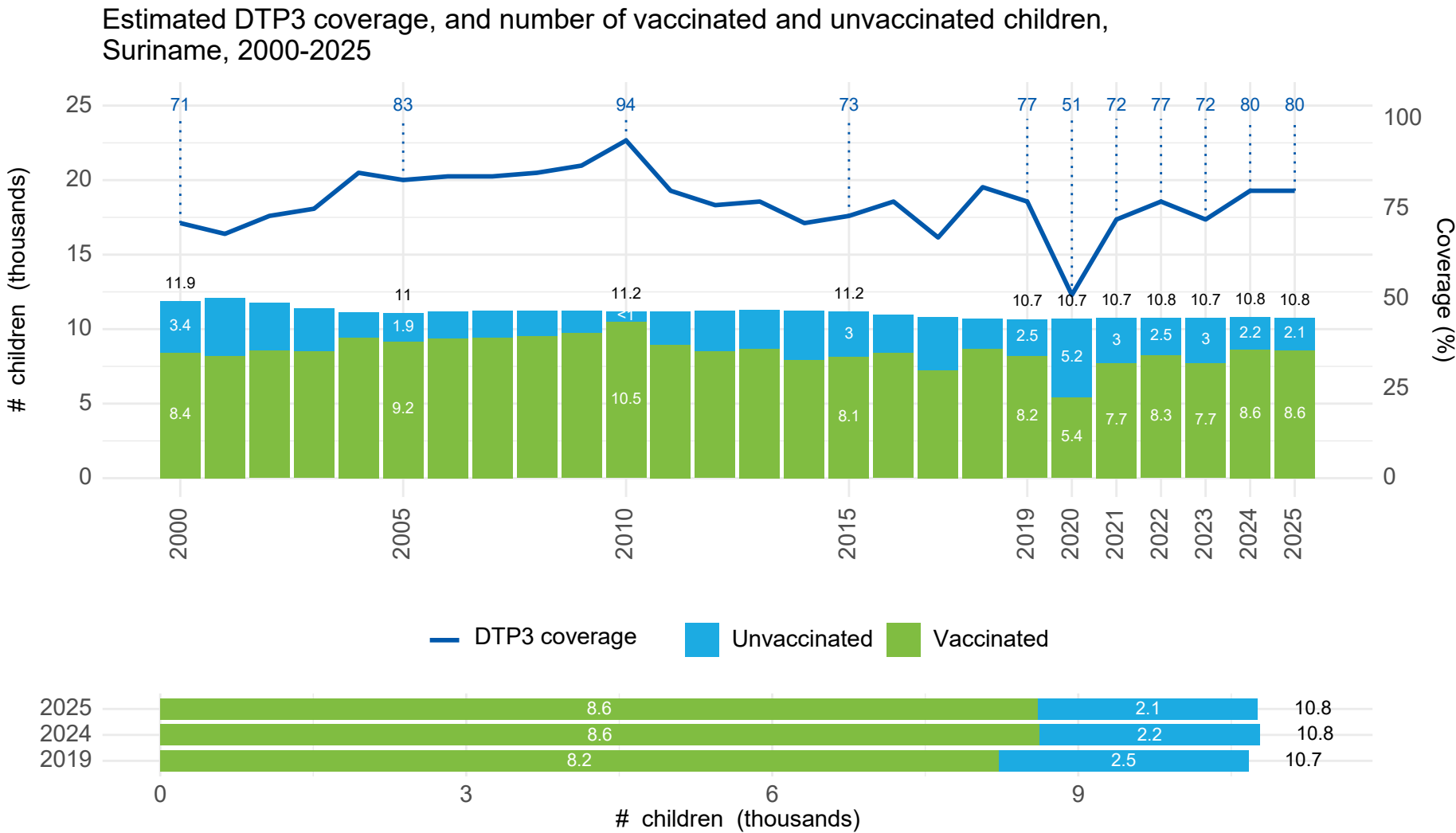
In 2025, Suriname ranked number 7 out of 33 countries for lowest DTP3 coverage (based on tied ranks).

Suriname was not in the top 10 countries with the most un- and undervaccinated children.

Note: Large cohort countries may have high numbers of un- and undervaccinated children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.



For vaccine coverage to increase, the number of children vaccinated must increase at a faster rate than the population increases.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Unvaccinated includes zero-dose and undervaccinated children

DTP3 coverage in 2025 (80%) was higher than in 2019 (77%).

The number of children vaccinated with DTP3 increased 5% compared to in 2019.

The number of surviving infants increased approximately 1% compared to in 2019.

In 2025, more children were vaccinated than in 2019.

In 2025, there were more surviving infants (target population) than in 2019.

For vaccine coverage to increase, the number of children vaccinated must increase at a faster rate than the population increases.

MCV1

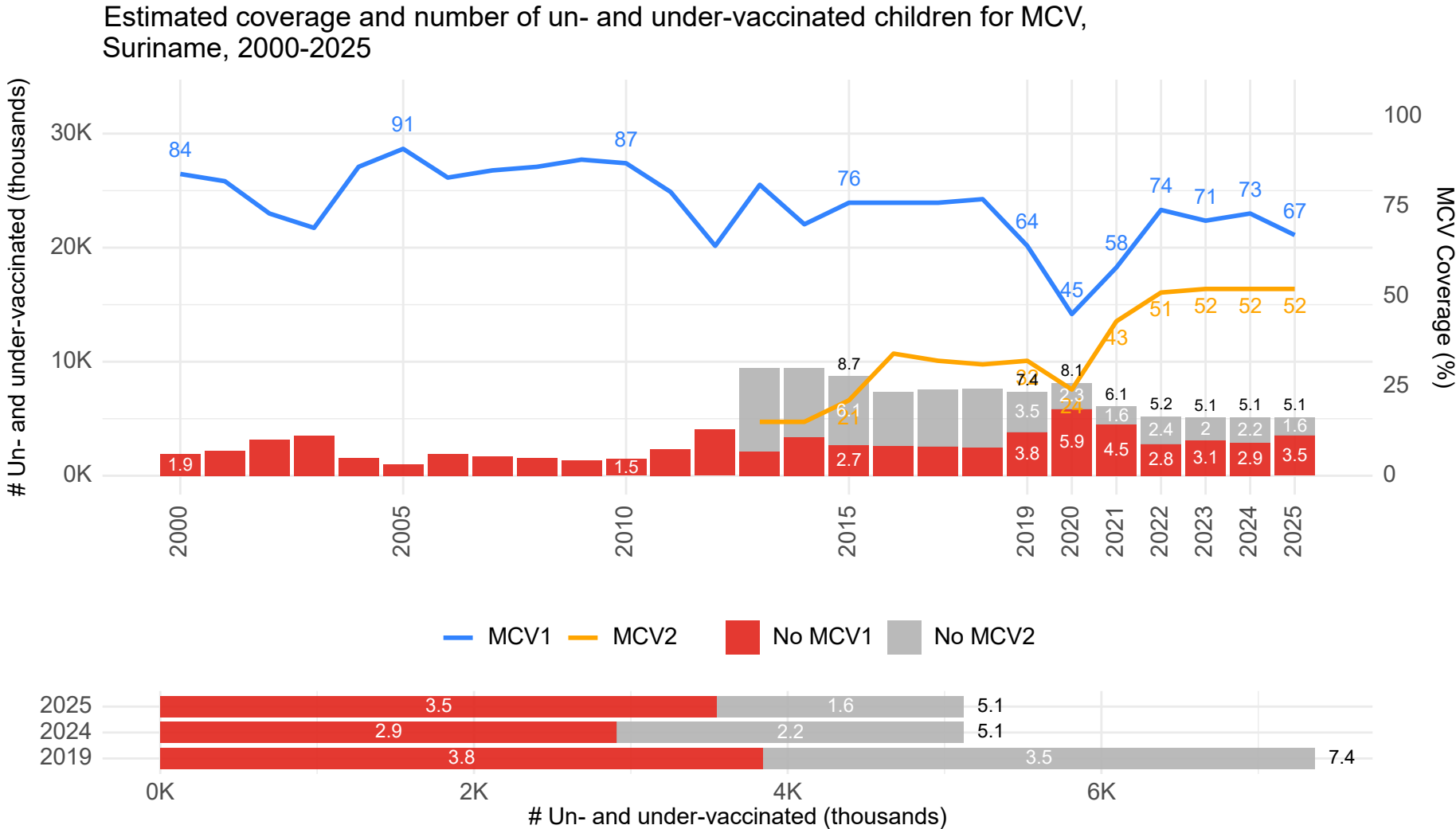
MCV1 coverage declined at from 73% in 2024 to 67% in 2025 - below the 95% level needed to prevent outbreaks and, leaving 4,000 children without any protection against measles. MCV2 coverage remained constant at 52% - below the IA2030 target of 90%.

Measles, because of its high transmissibility, acts as a 'canary in the coalmine', quickly exposing any immunity gaps in the population. The coverage of measles containing vaccine (MCV) is thus often used as a tracer for protection.

The percentage of children receiving MCV1 – typically at 9 or 12 months depending on the national vaccination schedule – declined at 67%. This is greater than in 2019, where coverage was 64%.

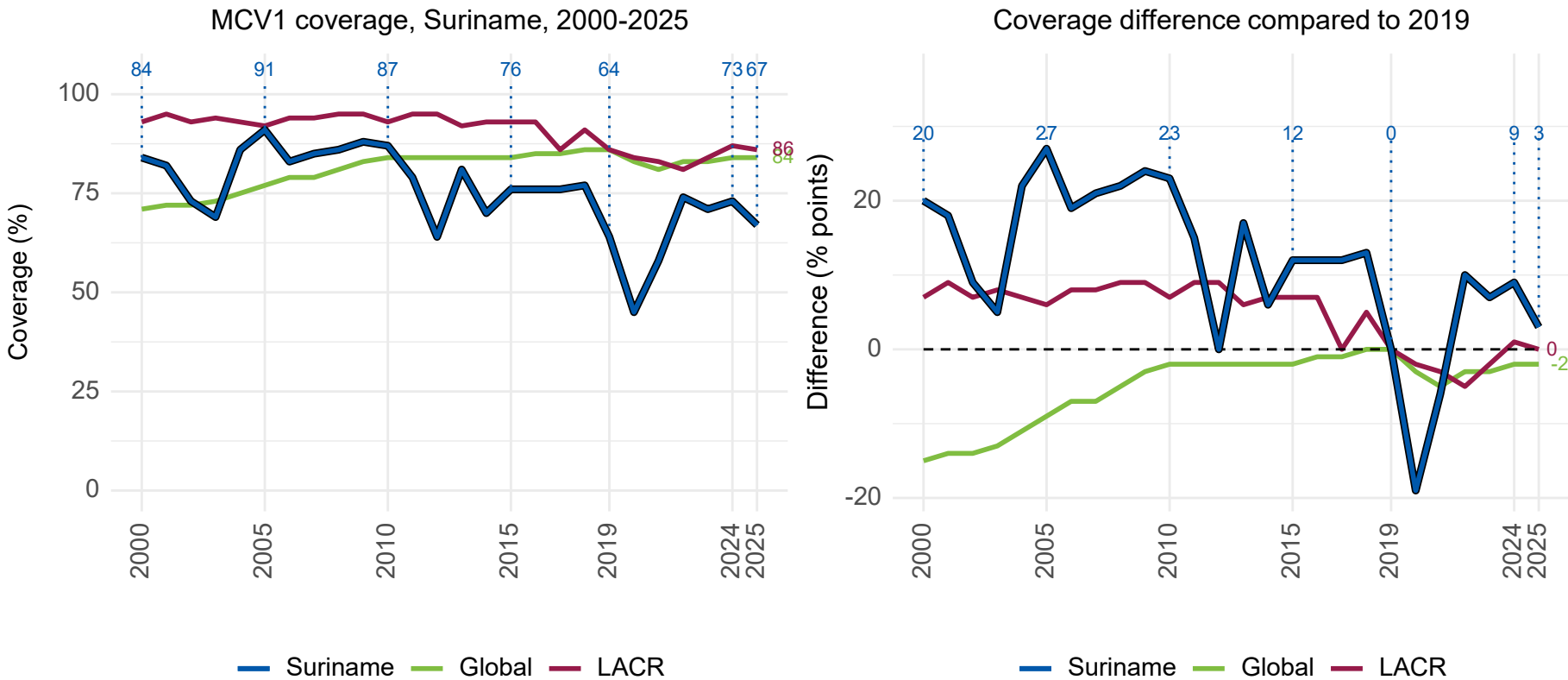
4,000 children missed their routine first dose of measles vaccine.

MCV2 is typically administered to children between 18 months and five years old. MCV2 coverage remained constant at 52% in 2025.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Lines show vaccine coverage and bars show number of children.

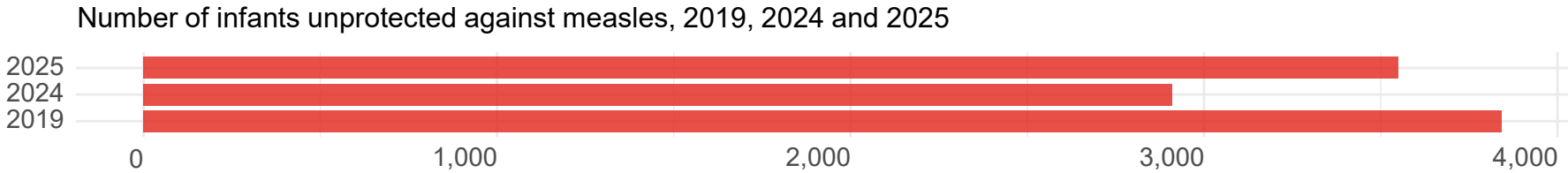
In 2025, Suriname MCV1 coverage was 67% - this is 3 percentage points higher than in 2019 and more than 10 percentage points lower than both the global and regional averages.



In 2025, MCV1 coverage in Suriname (67%) was 17 percentage points lower than the global average (84%) and 19 percentage points lower than the average across all LACR countries (86%).

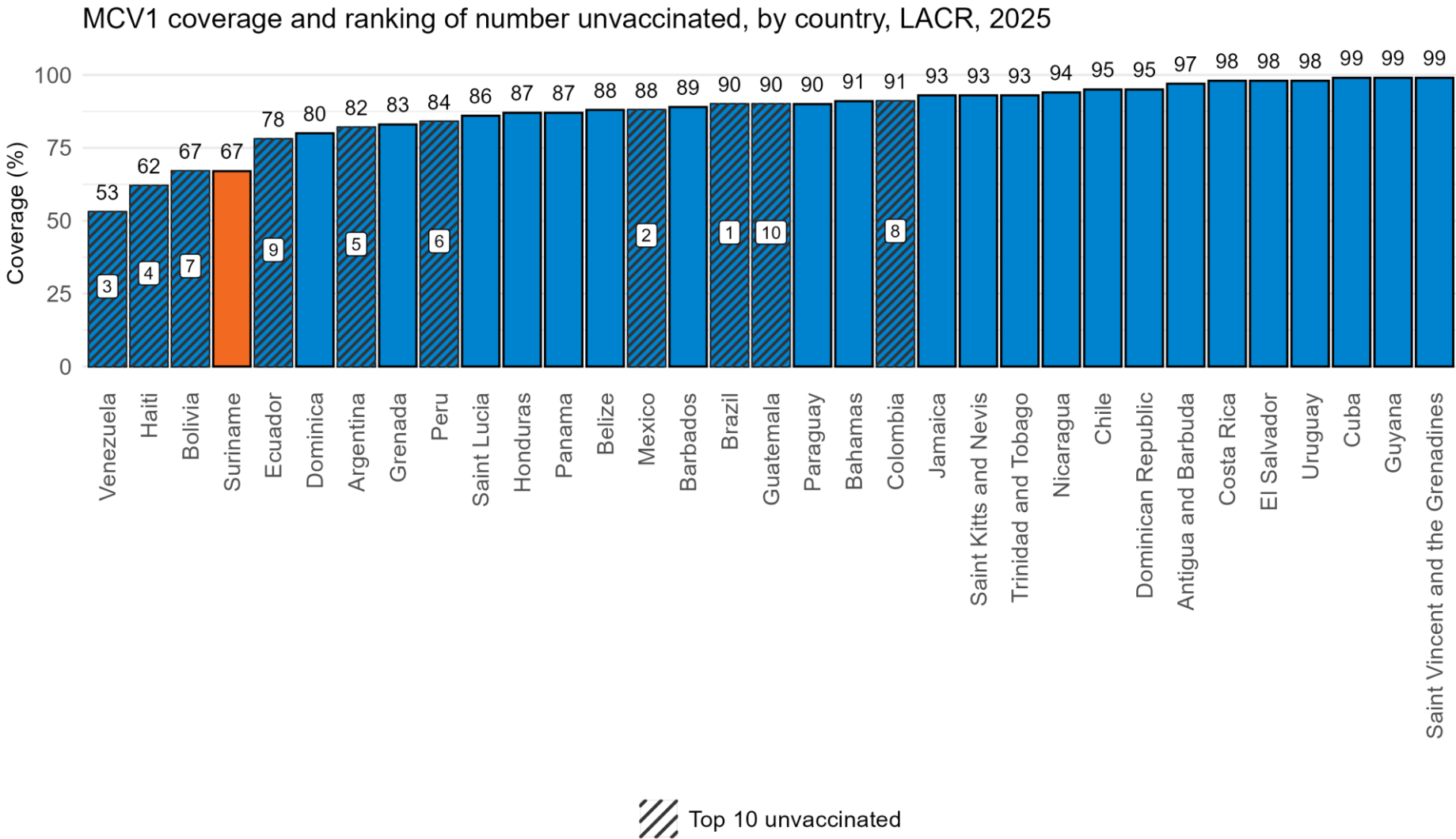
National MCV1 coverage was 3 percentage points higher than in 2019 (64%).

This equates to 4,000 unvaccinated children in 2025 - the same number of unvaccinated children as in 2019.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019

In 2025, Suriname was among the countries with the lowest coverage, but was not among the top 10 countries with the highest number of unvaccinated children in the region.



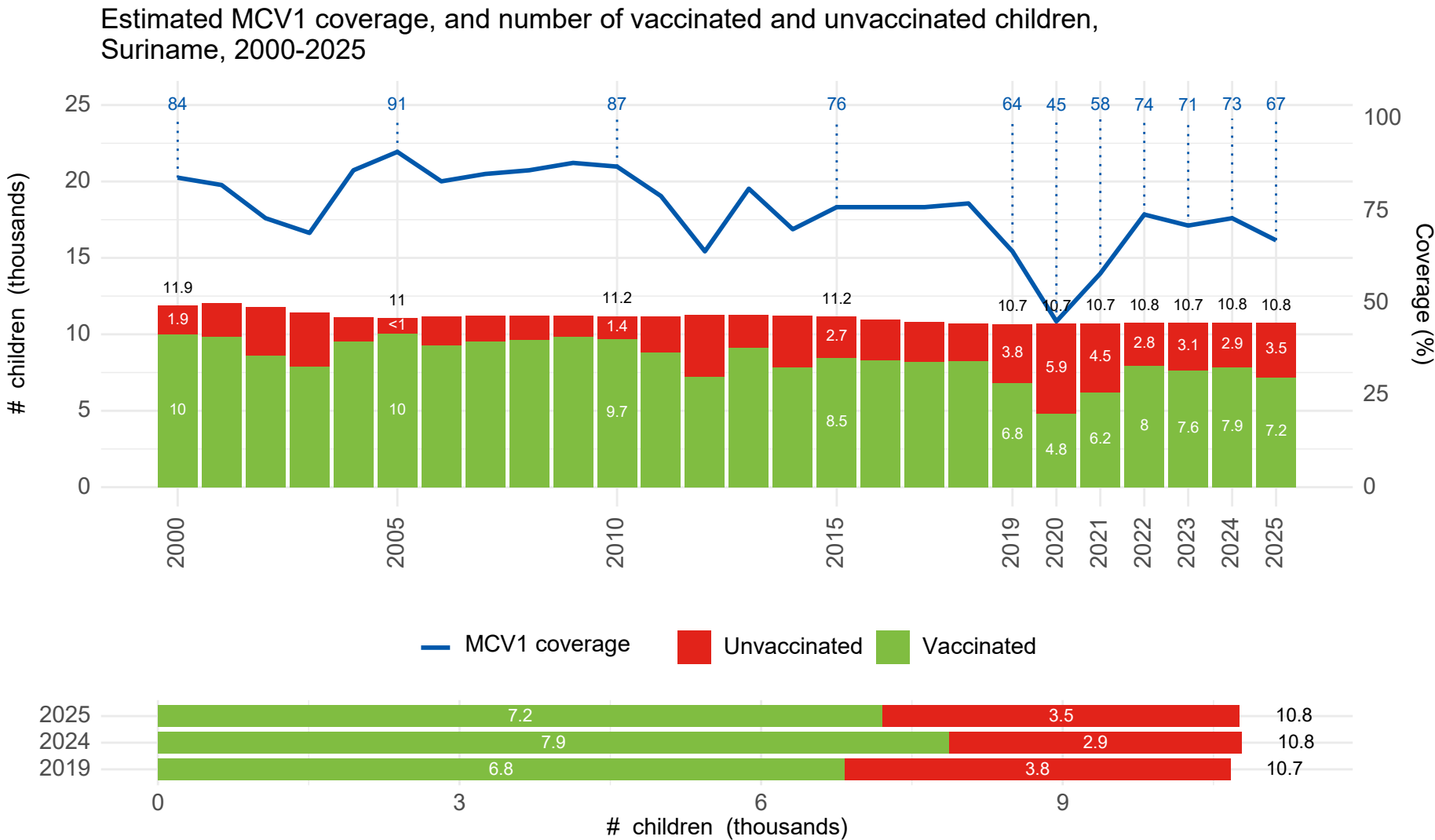
This chart shows MCV1 coverage in countries in LACR from lowest to highest coverage, and the rank of the top 10 countries with the most unvaccinated children, based on absolute numbers.

In 2025, Suriname ranked number 3 out of 33 countries for lowest MCV1 coverage (based on tied ranks).

Suriname was not in the top 10 countries with the most unvaccinated children.

Note: Large cohort countries may have high numbers of unvaccinated children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.

For vaccine coverage to increase, the number of children vaccinated must increase at a faster rate than the population increases.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

MCV1 coverage in 2025 (67%) was higher than in 2019 (64%).

The number of children vaccinated with MCV1 increased 6% compared to in 2019.

The number of surviving infants increased approximately 1% compared to in 2019.

In 2025, more children were vaccinated than in 2019.

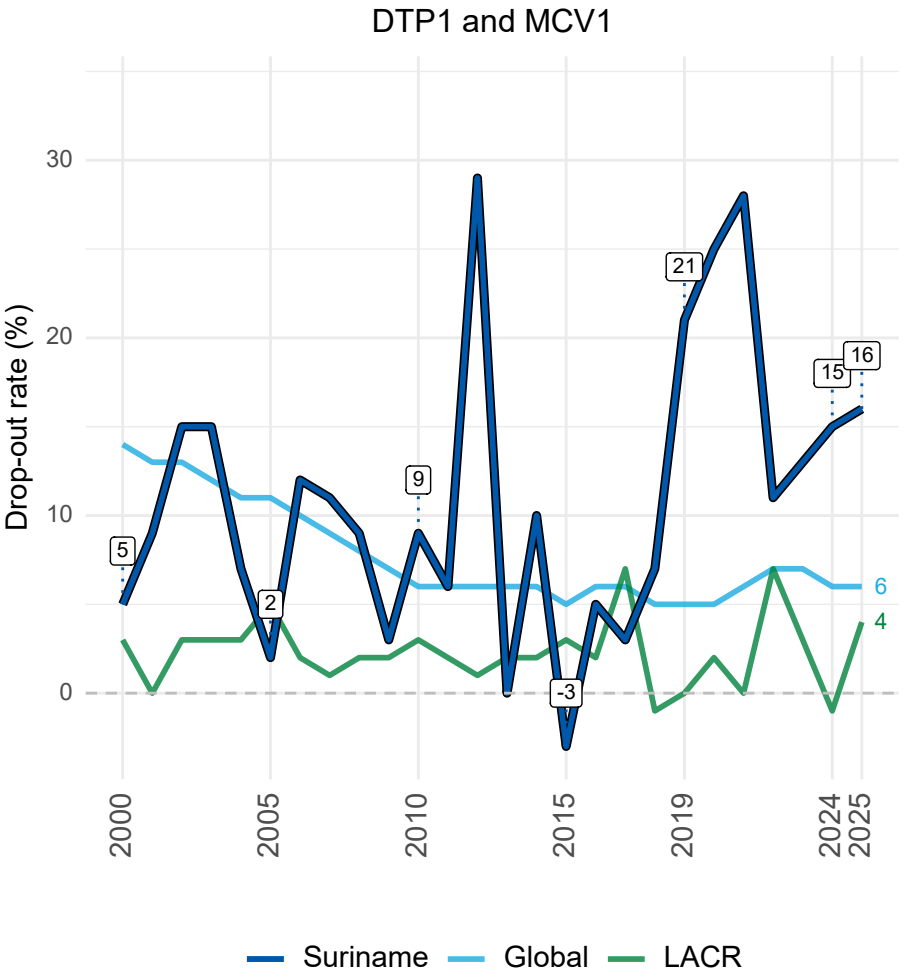
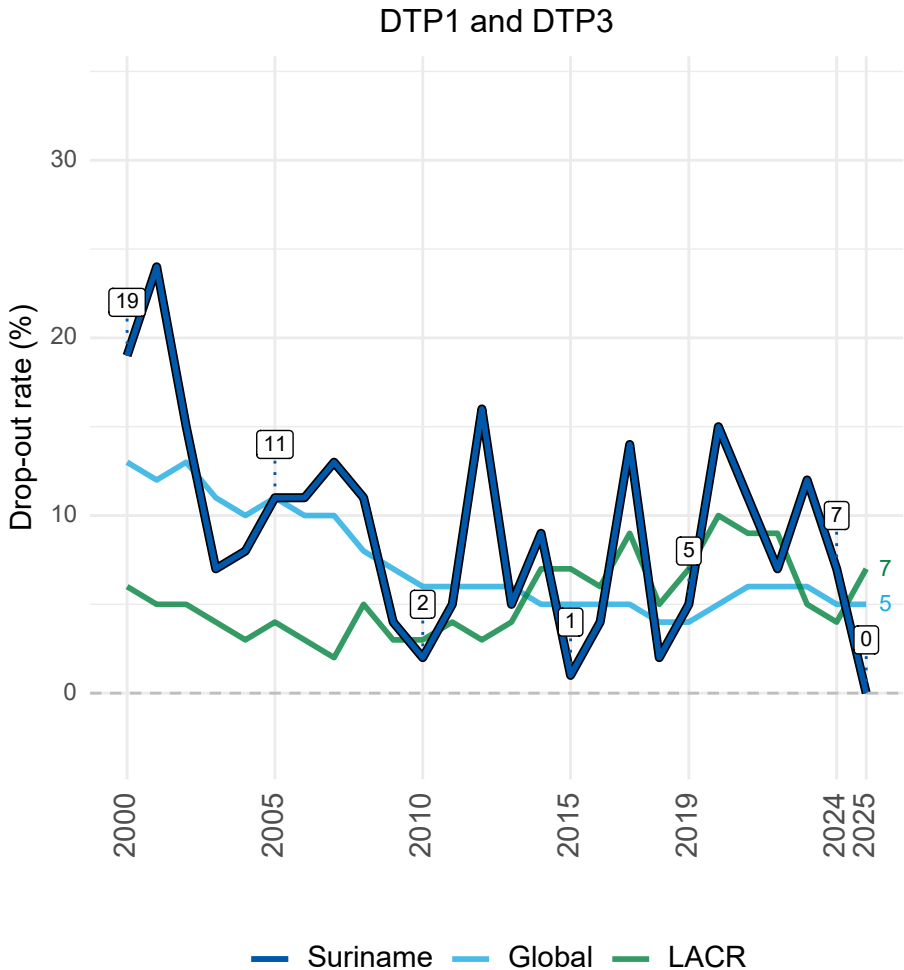
In 2025, there were more surviving infants (target population) than in 2019.

For vaccine coverage to increase, the number of children vaccinated must increase at a faster rate than the population increases.

Childhood immunization: Additional charts

In 2025, DTP1-DTP3 drop-out was no (0%) and DTP1-MCV1 drop-out was high (16%) in Suriname, indicating very good ability to deliver the primary series early on, but poor ability to provide the full course of vaccines in infancy.

Zero-dose children are those who did not receive DTP1.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Drop-out classification: <5% = low, 5-10% = medium, >10% = high

Drop-out rates show the percentage of children who received DTP1, but not DTP3/MCV1. Low drop-out rates indicate high retention of children in immunization programmes.

This chart shows trends in drop-out rates between DTP1 and DTP3, and DTP1 and MCV1.

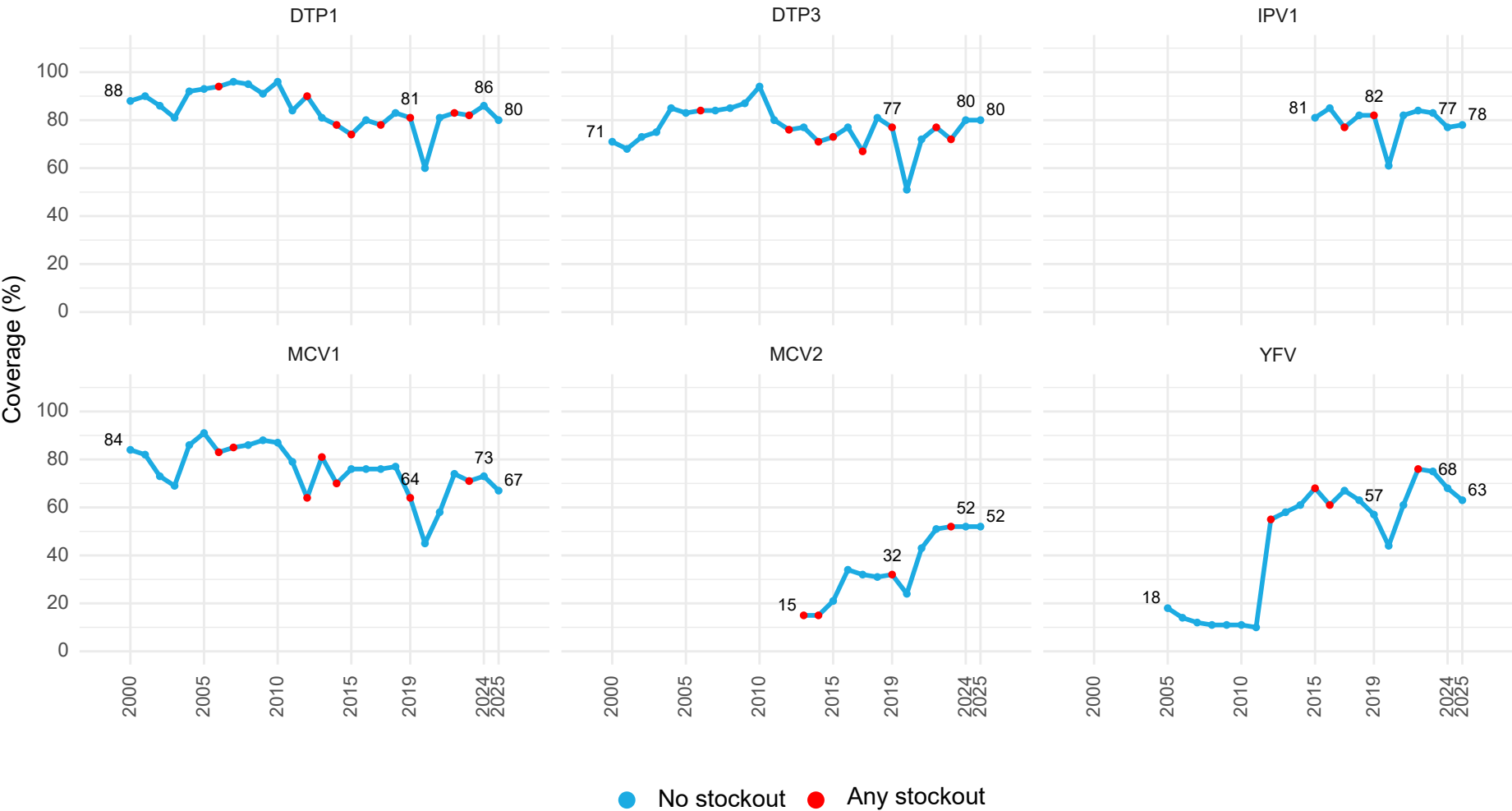
In 2025, roughly all children who received DTP1 also received DTP3 (left), and 16% of children who received DTP1 did not receive MCV1 (right).

The absence of DTP drop-out implies very good ability to provide a complete series of vaccines early in life. The high DTP-MCV drop-out rate implies poor retention in immunization programmes and ability to provide a full course of vaccines in infancy (up to one year).

In 2025, Suriname DTP drop-out was lower than the global rate, while DTP-MCV drop-out was higher than the global rate.

In 2025, Suriname had its lowest coverage in MCV2 (52%), while most other routine vaccines clustered around 63-80%; 4 antigens increased since 2019, and 3 antigens decreased since 2024.

Coverage of recommended childhood vaccines, Suriname, 2000-2025



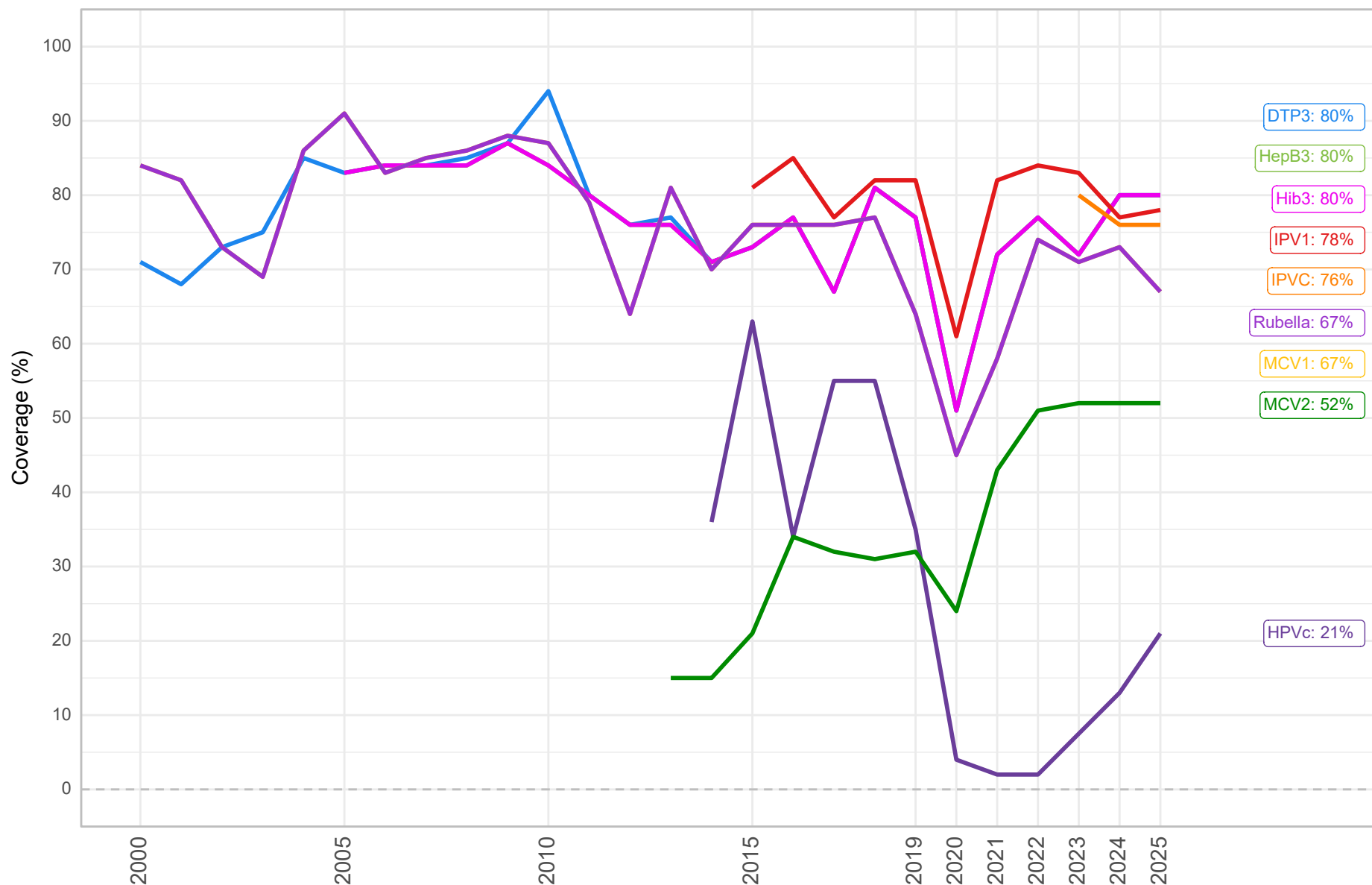
This chart shows trends in coverage of selected core routine vaccines recommended in childhood.

In 2025, MCV2 had the lowest coverage (52%), followed by YFV (63%).

Compared to 2019, coverage of 2 vaccines decreased (DTP1 and IPV1) and 4 vaccines increased (DTP3, MCV1, MCV2 and YFV).

Compared to 2024, coverage of 3 vaccines decreased (DTP1, MCV1 and YFV), 2 vaccines remained constant (DTP3 and MCV2), and one vaccine increased (IPV1).

Vaccine coverage (%), Suriname, 2000-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Numbers in the data label bubbles refer to vaccine coverage in the latest year estimates are available.

This chart shows trends in coverage of 9 vaccines (complete series).

In 2025, HPVc had the lowest coverage of all vaccines (21%), followed by MCV2 (52%).

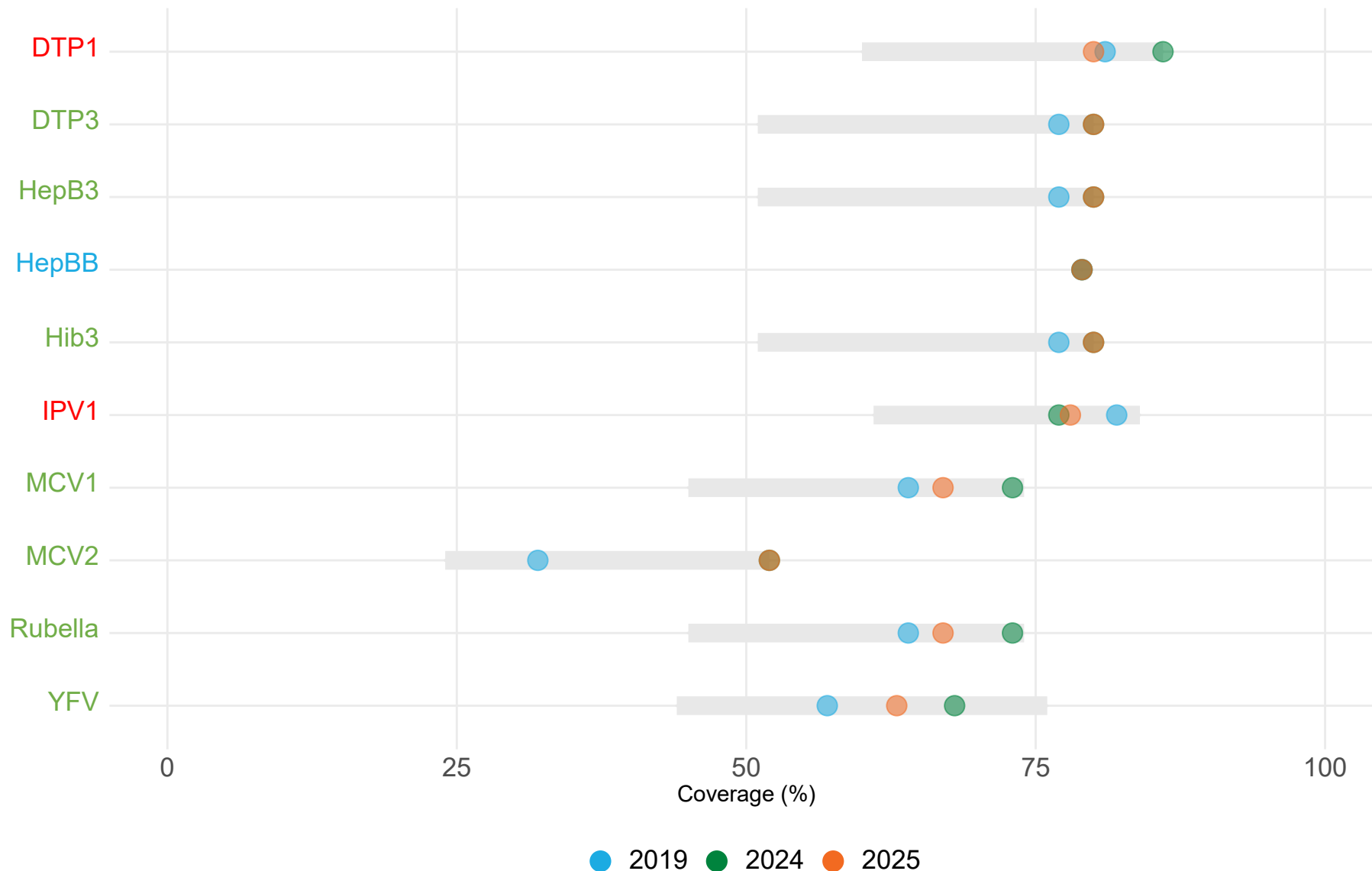
Coverage of 6 vaccines increased (DTP3, HEPB3, HIB3, MCV1, MCV2 and RUBELLA) and 2 vaccines decreased (HPVC and IPV1) compared to respective coverage in 2019.

Coverage of 5 vaccines were the same (DTP3, HEPB3, HIB3, IPVC and MCV2), 2 vaccines increased (HPVC and IPV1), and 2 vaccines decreased (MCV1 and RUBELLA) compared to respective coverage in 2024.



WUENIC 2025 revision

Vaccine coverage (%), Suriname, 2019-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
 Note: The grey bar spans vaccine coverage across all years 2019-2025 and the dots represent coverage in specific years.
 Coverage is shown for vaccines with data all years 2019-2025.
 Vaccine names are coloured based on if coverage is lower (red), the same as (blue) or higher (green) than in 2019

This chart shows the range of coverage across all years 2019 to 2025 (grey bars), and coverage in specific years (dots), by vaccine. The chart can be used for assessing recovery to pre-pandemic levels.

DTP1 coverage increased between 2019 (81%) and 2024 (86%). DTP1 coverage declined in 2025 (80%) compared to 2024, and was lower than in 2019. In 2019-2025, DTP1 coverage was at it's lowest level in 2020 (60%).

In 2024, 1 vaccine had lower coverage than in 2019.

In 2025, 2 vaccines had lower coverage than in 2019.

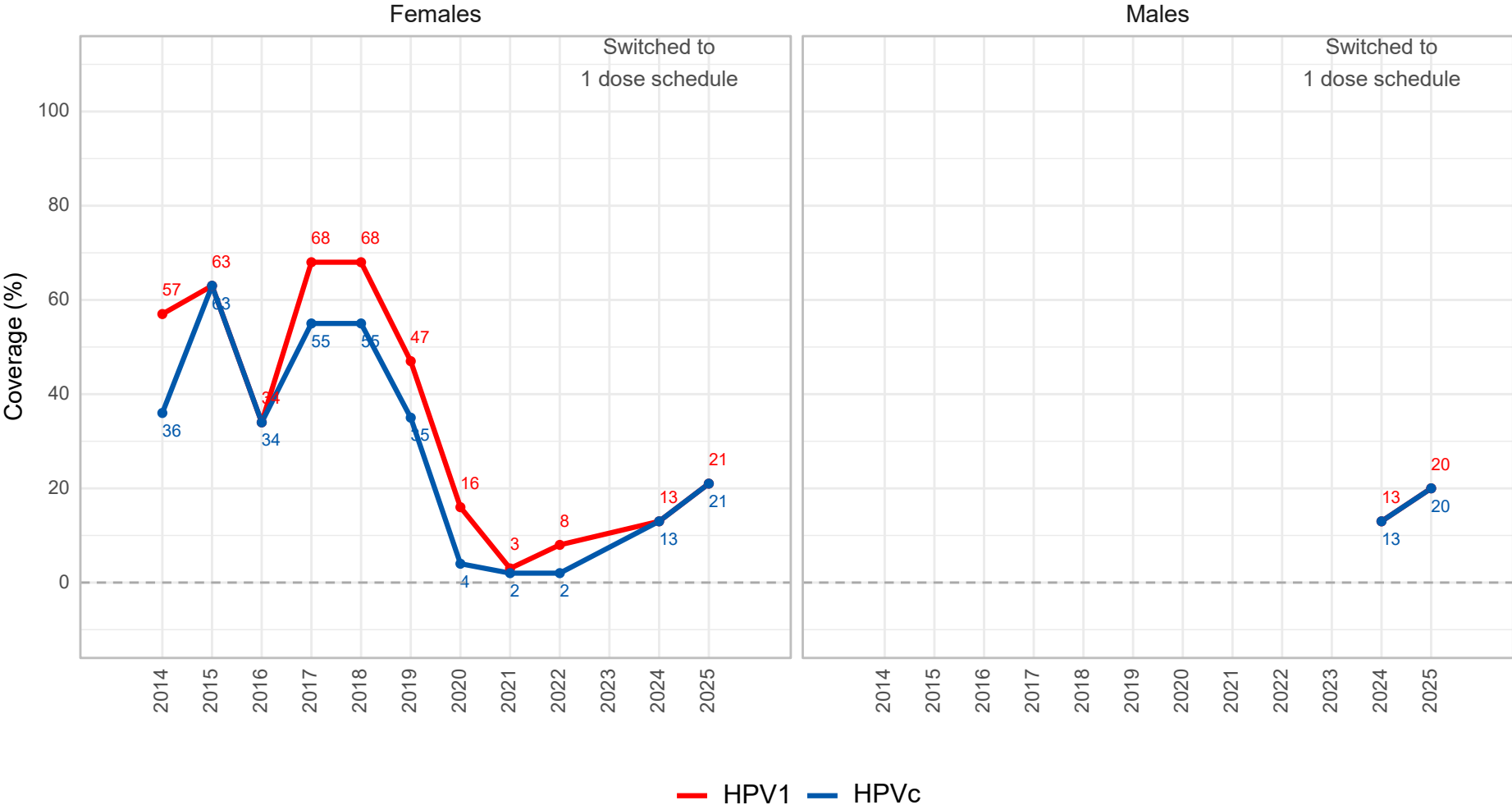
In 2025, 4 vaccines had lower coverage than in 2024.

HPV vaccination

Methods: • [Bruni et al. 2021, HPV vaccination introduction worldwide and WHO and UNICEF estimates of national HPV immunization coverage 2010–2019 \(supplementary materials\).](#)

In 2025, HPV last dose coverage among girls increased to 21% and coverage among boys increased to 20%, following switch to single dose in 2024.

Human papillomavirus (HPV) vaccine coverage (%), Suriname, 2014-2025



The first year of HPV programme coverage estimates in Suriname was 2014.

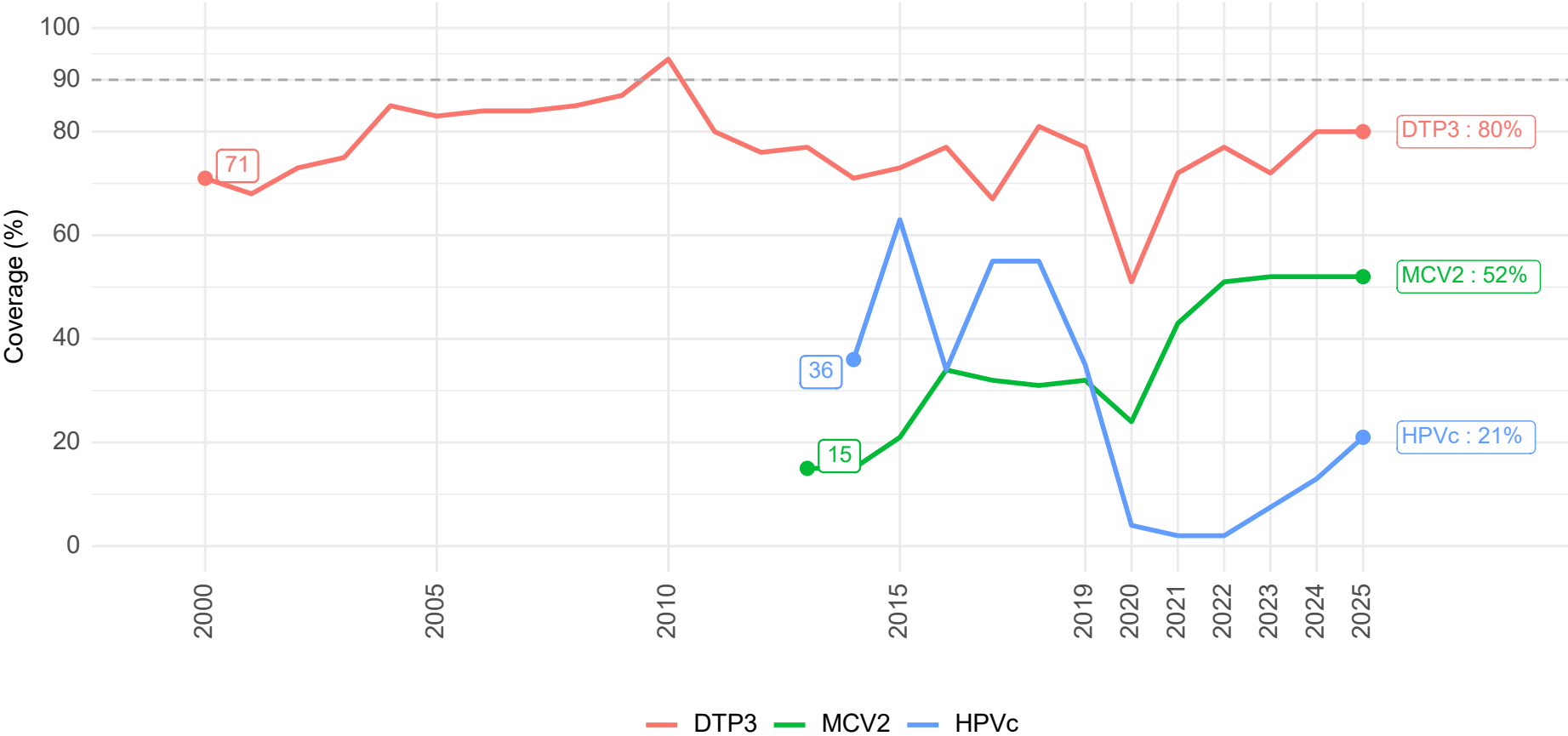
In 2025, first dose (HPV1) programme coverage among girls was 21%. In 2025, last dose (HPVc) programme coverage among girls was 21%.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision.
For some countries, if HPV vaccine is in the schedule, but the country did not report data in a given year, HPV programme coverage estimates are not produced.

SDG 3.b.1

In 2025, no SDG vaccines in met the 90% SDG coverage target.

SDG 3.b.1: Proportion of the target population covered by all vaccines included in their national programme, Suriname, 2000-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: The four vaccination coverage indicators contribute to SDG indicator 3.b.1 are: DTP3, MCV2, PCVC and HPVc
The Immunization Agenda 2030 (IA2030) global target is 90% coverage of all four antigens by 2030.
Data are missing for vaccines that have not been introduced by the country or where estimates were not made (PCVC).

Four vaccination coverage indicators contribute to Sustainable Development Goal 3, indicator b.1: DTP3, PCV3, MCV2 and HPV.

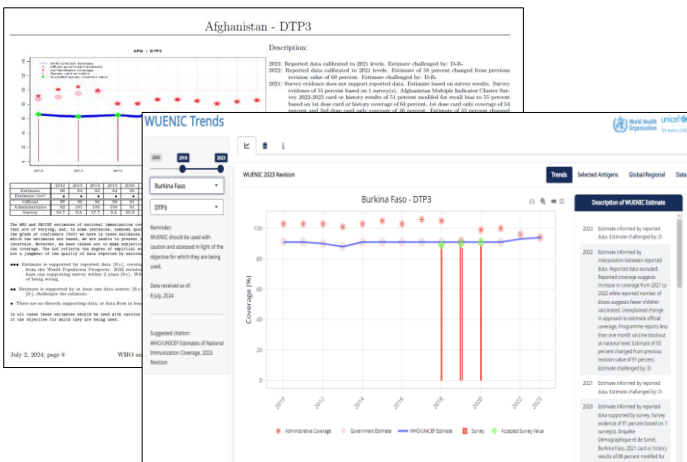
The IA2030 global target is 90% coverage of all four antigens by 2030.

Suriname has 3 out of the 4 SDG vaccines.

In 2025, Suriname had achieved at least 90% coverage of none out of the 4 vaccines.

Additional resources

WUENIC country profiles (PDF and interactive versions)

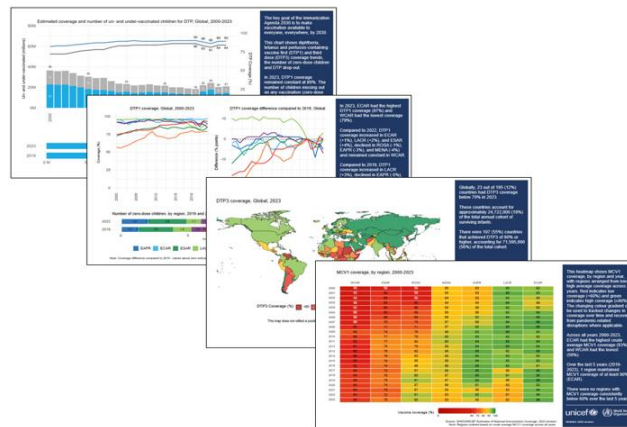


Datasets: WUENIC, HPV, survey database

	A	B	C	D	E	F	G	H	I	J
	unicef_regioiso3c	country	vaccine	year	target_grp	coverage	vaccinated	unvaccinated	target	
1	ROSA	AFG	Afghanistan bcg	1982	births	10	57,000	514,000	571,000	
2	ROSA	AFG	Afghanistan bcg	1983	births	10	56,000	503,000	559,000	
3	ROSA	AFG	Afghanistan bcg	1984	births	11	62,000	501,000	563,000	
4	ROSA	AFG	Afghanistan bcg	1985	births	17	100,000	490,000	591,000	
5	ROSA	AFG	Afghanistan bcg	1986	births	18	107,000	489,000	596,000	
6	ROSA	AFG	Afghanistan bcg	1987	births	27	161,000	434,000	595,000	
7	ROSA	AFG	Afghanistan bcg	1988	births	40	238,000	358,000	596,000	
8	ROSA	AFG	Afghanistan bcg	1989	births	38	233,000	380,000	614,000	
9	ROSA	AFG	Afghanistan bcg	1990	births	30	191,000	446,000	637,000	
10	ROSA	AFG	Afghanistan bcg	1991	births	21	134,000	505,000	640,000	
11	ROSA	AFG	Afghanistan bcg	1992	births	19	127,000	541,000	668,000	
12	ROSA	AFG	Afghanistan bcg	1993	births	17			760,000	
13	ROSA	AFG	Afghanistan bcg	1994	births	15			852,000	
14	ROSA	AFG	Afghanistan bcg	1995	births				899,000	
15	ROSA	AFG	Afghanistan bcg	1996	births				932,000	
16	ROSA	AFG	Afghanistan bcg	1997	births				962,000	
17	ROSA	AFG	Afghanistan bcg	1998	births				986,000	
18	ROSA	AFG	Afghanistan bcg	1999	births				1,013,000	
19	ROSA	AFG	Afghanistan bcg	2000	births	30			1,037,000	
20	ROSA	AFG	Afghanistan bcg	2001	births	43	453,000	574,000	1,027,000	
21	ROSA	AFG	Afghanistan bcg	2002	births	46	467,000	548,000	1,015,000	

Country and region-specific slides:

*UNICEF, WHO, World Bank, Gavi and
African Union regions*



Additional Resources

Additional
immunization
data resources
can be found at:

<https://data.unicef.org/resources/immunization/>

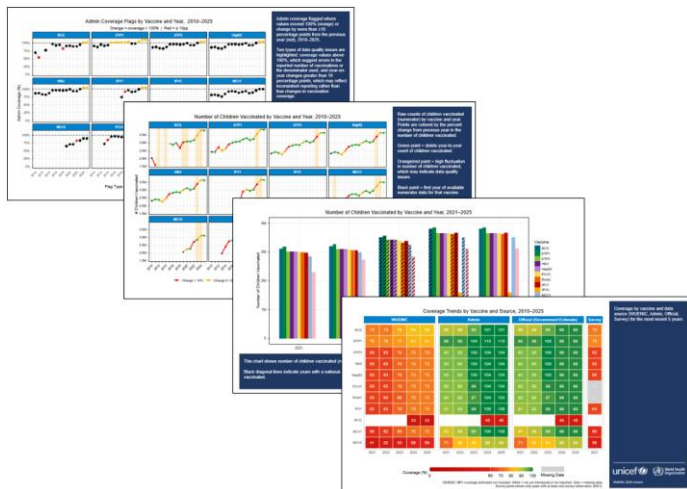
Interactive immunization regional snapshots:

*UNICEF, WHO, World Bank, Gavi and
African Union regions*



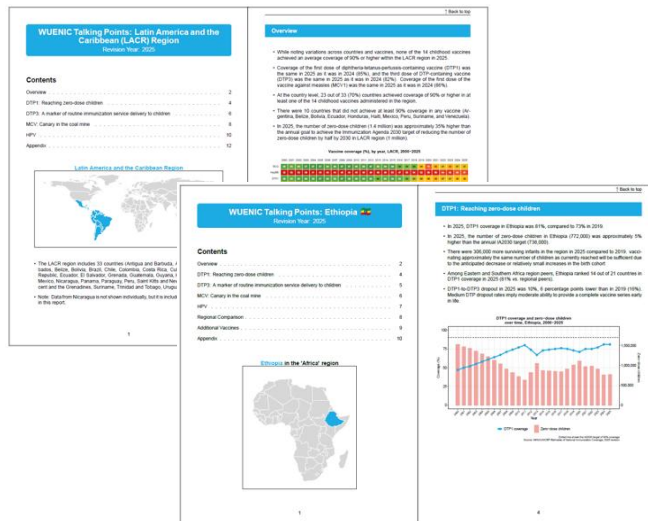
Country data quality reports

(NEW 2026)



Country and region-specific high-level talking points

(NEW 2026)



Interactive
WUENIC
country profiles
can be found at:

<https://worldhealthorg.shinyapps.io/wuenic-trends/>

Short feedback questionnaire

(5 minutes)

We are seeking your feedback on the global groupings (GAVI, African Union, World Bank Income, WHO and UNICEF) and country-level PowerPoint slides developed for the release of global immunization estimates. Your input will help us understand their usefulness and identify areas for improvement.

Please take a few moments to complete this short survey and have your voice heard:

<https://forms.office.com/e/Qv1HXxxNZQ>

